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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Research in Child Development

Treatability in Child Guidance

Combatting Maternal Deprivation

Some Aspects of the Family Court

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Pure delight—so obvious on these children's faces—comes easily in childhood when the channels for enjoyment have not been clogged by distorting experiences. Different formulae will produce it in different children, since children vary in their reactions because of both constitutional and cultural factors, as the article beginning on page 43 points out. The formula illustrated here, however—sunshine and space, a congenial playmate, a baby animal and the freedom to enjoy them—has been proved widely effective down through the ages.

Pediatrics and psychiatry are combined in the equipment of Dr. Milton J. E. Senn for directing the child-development studies at Yale. With his medical training from the University of Wisconsin followed by special study in pediatrics at Washington University, St. Louis, he became a Commonwealth fellow in psychiatry while on the pediatrics staffs of the New York Hospital and Cornell University Medical School. He has been at Yale since 1948.

Although now busy planning for the expansion of services to emotionally disturbed children at the Infants Home of Brooklyn, Saul Hofstein drew the points in his article from his 10 years of experience with the Jewish Community Services of Long Island. With both a master's and doctor's degree in social work from the University of Pennsylvania, he is a member of the Commission on Practice of the National Association of Social Workers.

Psychologists William C. Rhodes (left) and Phyllis Matthews (right) have both changed their jobs since writing their joint report on the project to combat maternal deprivation in Cobb County, Ga. Dr. Rhodes, whose Ph. D. is from Ohio State University, is now associate professor of psychology and director of the Child Study Center at George Peabody College in Nashville, Tenn. Mrs. Matthews, who was child psychologist at the Marion Howard School in Atlanta as well as at the Cobb County Health Department, resigned from both positions when her first child was born last August.

Before joining the staff of the National Child Labor Committee, labor economist Sol Markoff was on the fact-finding staff of the Midcentury White House Conference on Children and Youth. He has also served as a consultant in the one-time Industrial Division of the Children's Bureau, as a labor economist in the U. S. Department of Labor, and as a labor arbitrator for the National War Labor Board.

William H. Sheridan (left) has been with the Children's Bureau for nearly 8 years, serving as consultant on delinquency before the establishment of the present Division of Juvenile Delinquency Service. Previously he was chief probation officer in the juvenile court in Cleveland. Edgar W. Brewer (right), once a probation officer in the juvenile court in Seattle, supervised child guidance centers for the Washington State Division of Children and Youth Services before coming to the Bureau in 1955.

◀ *the authors*

A review of child-development research and child-care trends shows continuing competition between . . .

FADS AND FACTS AS THE BASES OF CHILD-CARE PRACTICES

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IT IS NOT EASY to be objective in evaluating the influences of research, or to predict which investigative work will initiate a new trend. A vast amount of research work is going on, and it is difficult for any one person to be intimately familiar with all of it, even in one's own country. Each of us engaged in research in child development is so busy with his own small project that he cannot keep informed in an adequate fashion about studies elsewhere, nor can he give up the notion that his investigations are preeminently important not only for the present, but also for the future.

In examining the wider area of research in child development, I have considered as current not only studies of the past year or two, but those produced in the past 10 years. In order to get a historical perspective, I have also examined earlier efforts in child-development research carried on since the turn of of the century. This paper will mention first some of the impressions I gained from the historical review.

First, I have been impressed with the fact that trends in child care often do not await scientific evidence for support. The flood of child-care methods based on behavioristic theory carried on in the 1920's and 1930's and the tide of permissiveness in the late 1940's did not develop from the appearance of large bodies of scientific data which had been arrived at by careful research. Instead, they resulted much more as parts of other forces—rebellions at practices of child care which for one reason or another were considered unsatisfactory or injurious. For example, the scheduled and impersonal practices of habit training in the 1920's were part of the impersonality of the scientific methods which flourished at that time and which were so effective in controlling disease. When as a byproduct there developed an unexpected abundance of certain kinds of behavior problems, it was natural that a reaction characterized by self-regulation should begin in the 1940's.

Practices of child care are never isolated from other important, dynamic forces in society; rather they reflect changes taking place in other areas—general economic, cultural, and psychological. Changing patterns of thought about matters which affect our society as a whole influence what we do in the care and education of children in the home, the nurseries, the school, and the church.

The fact that we rear and educate our children by methods based much more on empiricism than on scientific foundations may not be entirely bad. However, it explains the rapid shifts in our practices as well as the misinterpretation and misuse of the small amounts of data which have been gathered. I have the feeling that we could do better if our child-care practices were built on solider findings of scientific investigation. For that reason I am a strong believer in the need for greater support, financially and in every other way, of child-development research in our universities, which should be the ideal places for objective, systematic, and comprehensive evaluation of growing children.

My second discovery which has resulted from a study of the past is that trends may develop from either the scientific studies of a few people, or of a single person, or even out of the impressions of a few

Based on a paper presented at the 1956 biennial conference of the Play Schools Association.

people, if their beliefs are given wide publicity, are stated forcibly, and are presented to the general public at a time when it is ready to accept them.

Starting a Trend

For example, the "success formula" for starting a trend, or at least a fashion, in child care would be to choose a subject like adolescent behavior which is puzzling many parents and educators; then to interest a person well known for his work with children to the extent of having him state his opinions about adolescence, even if these are based only on a small sample of observations and clinical impressions. The opinions if presented in writing to an enterprising literary agent will find a ready publisher, and with skillful and abundant pre- and post-publication advertising may not only become the contents of a best seller but find even greater distribution by radio and TV. For the time being, the answer to the riddle of adolescence will seem to have been found; but only until disillusioned parents have learned that the problems of life are not so easily dealt with and until another prophet appears to lead them out of the wilderness.

It is particularly easy today to stir up parents about child-care practices since so many are taking their roles seriously and are buying books and magazines as never before in order to be well informed. As a result, every publishing company of any size has its own line of books on child development and child care. Magazines and newspapers carry articles on these subjects in almost every issue. Unfortunately the demand and the competition are so great that there is often a lack of discrimination in accepting books for publication.

Close scrutiny of books on child development for parents and professional people indicates that writer and written material are usually selected on the basis of what has a ready sale. Material which is palatable, which is considered common sense, and which will not stir up self-criticism, is favored. Since people believe what they want to believe, and read what they want to read, and see what they want to see, they are fed the products of persons who are not always scientifically objective, but who in the name of science, and on the theory that it is bad to stir up parents emotionally, give them what they think parents want instead of what they need.

Thus the public, professional and nonprofessional alike, has been much more willing to acccept as causes of emotional disturbance in children such factors as constitution, body build, physical disease, and single psychological determinants than the deep unconscious mechanisms within the child, or the multiple, mass influence of social forces. We have been as naive in thinking that because a child in infancy has a certain body build he is doomed to a life of delinquency as in believing that the lack of breast feeding predisposes a child to mental disturbance. At the same time we have closed our eyes to what is known about the harmful influences of excessive competition and of general failure to accept human differences, because in our society competition is believed to have a growth-enhancing influence and difference is looked on as pathology.

Influences on Research

This brings me to another discovery in my search for a historical perspective, which is that the findings of research on child development may have a delayed influence on child care. A great part of current research is still influenced by an important body of clinical studies on adults and a few children and a vast collection of theoretical formulations on personality development made over 50 years ago. I am referring, of course, to the psychoanalytical work and theories of Freud.

It took a long time for Freud's writing to be widely read with sympathetic understanding. But today few social scientists will dispute the importance of the emphasis placed by psychoanalysis upon childhood experiences as precursors in the formation of personality. However, despite their ready acceptance of this relationship, most social scientists and psychiatrists see a need for a continuous and critical examination of the ways in which early-life experiences affect later behavior. This is the reason why much of the research in child development today is directed toward testing out and evaluating psychoanalytic theory, especially with detailed long-term studies of groups of children.

Freud was neither the first nor the last to see the advantages of long-term observation. Excellent observers, both past and contemporary, from Charles Darwin [1] to the psychologist Piaget [2] of Geneva, have recorded observations over several years on their own children. One of the marked characteristics of current research in child development is that it has a long-term, or longitudinal, element. Modern investigators are interested in observing the same children, beginning with their prenatal existence, for as many years as possible, on as many occasions as feasible, by as many different observers as practicable.

Another characteristic of current research is its multiprofessional and interprofessional nature. Psychologists, pediatricians, sociologists, anthropologists, psychiatrists, public-health personnel, and schoolteachers are joining together in such studies. But they are not only studying the child in isolation through a one-way vision screen or in an interview or through a test. To these traditional approaches, they are adding techniques which bring them data about the child living in a family, going to school, and playing with others.

While research workers continue to be interested in the influence of the child's state of health at birth on his later development, they are focusing more sharply today than ever before on the physical and biologic equipment of the newborn. They are examining individual differences of babies at birth in the light not so much of deviancy or potential pathology, as of normal variation, an important sign of individuality and of the child's potentiality for healthy development and behavior.

Although the spotlight of study centers on the individual, its range includes his ever-expanding environment. However well or poorly endowed the human individual may be at birth, either because of biologic inheritance or other constitutional factors, the moment he enters the world there begins an increasingly intensified interaction between him and many forces outside of himself. Preeminent among these are people—first his parents, his siblings, and other members of his family, and eventually others such as physicians, nurses, educators, theologians, recreation leaders, and playmates. Physical forces in the environment along with social, economic, and cultural forces also continue to influence and to modify him. The degree and direction of their influence, for harm or for good, are some of the concerns of current investigators. As more and more is known about human heredity and the chemical-physical elements of genic influence, more will be known about the prevention of physical as well as psychological pathology; but this is probably pointing more in the direction of research for the future than of today.

Child-development research is broader and more comprehensive today than heretofore. The goal of the investigator has also changed.

Since the turn of the century, child psychologists have gathered a myriad of facts about behavior which they have put into encyclopedic books for parents and professional colleagues, stringing one fact after another on a thread of chronological age. The subjects studied were usually so-called "normals" whose growth was charted by birth dates. The reports were purely descriptive with only rare speculation about the whys and wherefores of the behavior noted.

Today, the meaning of behavior is the chief concern of the investigator. Behind this is the belief that the appraisal of behavior in terms of normality and pathology, as well as the prevention and treatment of behavior problems, will be more likely to be successful if based on a proper understanding of the dynamics of behavior. Perhaps, if parents and educators are helped to reason about phenomena rather than to try to match a child against a set of so-called developmental norms, they will, like the researchers, become more knowledgeable about child development and happier in their use of their knowledge.

Some Findings

What are some of the findings of current research which might have practical value to parents and to professional persons working with children? I can here present only a few.

Probably the most important single finding, which has come out of many studies, is the demonstration of the variety of normal differences in human beings. "Normal" babies differ greatly from each other at birth as do "normal" children of every age.

Present-day research is re-enforcing concepts about the role of the unconscious in human behavior. It is also verifying the existence of a psychological defense system, built into each healthy person, which protects him from excessive vulnerability to the many stressful situations encountered daily. The origin of these mechanisms seems to be in early childhood and to revolve particularly around the parent-child relationships. From this it becomes evident that any efforts toward making his early relationships stable will help the child establish clear concepts of himself and of other persons. As he is supported and accepted by loving parents he will learn to share this love with others. As the child grows, participation in group life outside the family will further assist him to gain understanding of himself and others and help him cope with frustrations which confront him as an individual and as a member of a group.

Longitudinal studies, especially those of Macfarlane [3] at the University of California, demonstrate that normal run-of-the-mill children of a white, middle-class group in our generation show many characteristics of behavior which parents consider

Children in an after-school play group in New York City ride an Air Force bomber they created out of a few blocks. Observation of normal children at play together or alone is one method used in current research projects in child development.

problems, but which in themselves are not indicative of mental pathology. The traits commonly found in these normal children were enuresis, speech difficulties, temper outbursts, nailbiting, transitory lying and stealing, fears, thumbsucking, restless sleep, physical timidity, irritability, jealousy, overdependence, food-finickiness, and sex play. In other words, all traits which may represent mental illness in adults and children appear at one time or another as normal characteristics in childhood. The diagnosis of neurotic disturbance may only be inferred if a given child has an overabundance of any of these traits at one time or if any of them are unusually prolonged, particularly if they interfere in the child's development or result in his failure to participate satisfactorily in the life of his age group.

The findings show, however, that while these traits do not represent a problem to the child or bring him any concern they do bother his parents. This has led pediatricians, teachers, and other professional workers to realize that whether or not a behavioral trait is pathological it is a problem requiring attention as long as it causes somebody to be anxious and to worry. The person who needs direct assistance or therapy is the person who is worried, usually the parent. This has led to a redefinition of the role of professional persons concerned with children, requiring them to provide psychological help to persons who are anxious. However, since the number of persons who ask for help with such problems is great, attempts at group therapy and group education have become increasingly necessary.

Other research workers have pointed out also that not only do behavioral traits come and go in the life of a child because of his nature as a changing and growing human being, but that social class and other cultural influences are often responsible for the differences in behavior among children of various groups. Child behavior which is encouraged and rewarded by one social class may be worried about, disapproved and punished by another. Therefore professional persons appraising both the normality of a trait and methods of dealing with it must take into consideration the cultural background of the child.

In line with this the researchers have found that children's preferences for leisure-time activities vary with their social background. Even if a child lives in a neighborhood or goes to a school including children from several social classes, his recreational interests are likely to attract him to peers of similar social background. One study, for example, found that half of the children from upper middle-income families in a certain city belonged to the Boy Scouts, while almost none of those from low-income families were members. "Middle-class" children went to church more, read more books, spent more time listening to the radio, and were somewhat restricted in movie attendance. "Lower-class" children, on the other hand, went to movies frequently but did relatively little reading or radio listening.

About Prediction

We have learned to be more cautious in predicting behavior. For example, longitudinal studies which began with detailed analyses of pregnant women have in the past occasionally predicted prenatally that some of the subjects would be poor risks as mothers. To the consternation of the investigators, it was subsequently demonstrated that some of the women who had seemed destined to fail in the mothering relationship turned out to be the most effective and happiest, while others who had seemed sure successes had difficulty in the day-by-day care of their children. Predictions about the behavior of the children proved equally fallacious. Some children who when small seemed unusually dependent and clinging, later when the time came for them to go to school showed little hesitancy about separation from their mothers. This does not mean that prediction is completely invalid, but that the possibility of change in a human being is so great that errors of prediction are frequent.

Other findings have to do with the relationship of physical development and general health to emotional adjustment, intelligence, and school performance. Today wide variations in rates of physical growth and in body size are accepted as normal. However, while the fact has long been known that certain types of mental deficiencies, such as cretinism, are accompanied by arrested physical growth. only recently has a relationship between physical and mental development in healthy children been demonstrated. Two studies of this subject have indicated that intellectually gifted children not only rank higher in school grades and in achievement-test scores but also tend throughout the growth period to be superior in physical development.

Such a positive relationship between physical status and intelligence may be explained in a number of ways. For example, it is possible that intelligence and development are positively correlated because they are both results of the same genetic factors. However, it is also possible that environmental factors, such as a family with adequate financial resources, provide advantages which are stimulating both physically and intellectually—such as good diet, proper medical care, interesting books and toys, and space enough for privacy.

Current research has given much attention to the problems of juvenile delinquency. While many data have been collected, some of them very controversial, one particular study stands out as revealing a way toward prevention. A group of psychologists under the direction of Roger Barker studied children and parents of a small town in the Middle West.[4] After following their human subjects closely day after day at home, at play, and at school, they reported that in this community the children were on the whole relaxed and healthy, lived at a comfortable tempo with time to explore and master their environment, and received a great deal of warm, encouraging companionship from adults. In this community delinquency was unknown.

Child-Care Practices

In our country the child came to society's serious formal attention first as an object to be protected legally and spiritually. With the rise of science, attention focused on him as an object for study, first of his physical self, then of his intelligence and learning, and then more recently of his emotional and social development. It would be hazardous to predict what influence present-day research in child development will have on child-care practices. To some extent the future is in the research workers' hands. Yet human beings are constantly being swept along by forces which have little or nothing to do with science.

At the present time evidence is mounting to indicate that child-care practices are turning away from the permissive approach toward the opposite extreme of coercion. Trends in infant feeding are turning again in the direction of regular, rigidly held schedules. And while the public is told that it must "love or perish," parents are warned against giving too much love. Schoolteachers are advised to go back to teaching the three R's, and to give up the "frill" of child guidance. Recently a county supervisor in Ventura, Calif., during a discussion of a proposal for employing a psychiatrist for the school system, suggested that "it would be a lot cheaper to buy switches for the teachers." The supervisors failed to order the switches, but neither did they take any action in regard to the psychiatrist.

It is quite likely, one at least hopes, that despite the shift away from the kind of permissiveness based on the individual needs of human beings, all the gains made in that direction in the past several years will not be lost. At least we can still find this recipe for "preserving" children in a popular cookbook:

1 large grassy field
6 children
3 small dogs
A narrow strip of brook with pebbles
Flowers
A deep blue sky

Mix the children with the dogs and empty into the field, stirring continuously. Sprinkle the field with the deep blue sky and bake it in a hot sun. When the children are well browned they may be removed. They will be found right for setting away to cool in a bathtub.

All the ingredients are not always available, but it is the philosophy that counts.

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[1] Darwin, Charles: The expression of the emotions in man and animals. Introduction by Margaret Mead. New York: Philosophical Library. 1955.

[2] Piaget, Jean: The origins of intelligence in children. Translated by Margaret Cook. New York: International Universities Press, Inc. 1952.

[3] Macfarlane, Jean; Allen, Lucile; Honzik, Marjorie: A developmental study of the behavior of normal children between 21 months and 14 years. Berkeley and Los Angeles: University of California Press, 1954.

[4] Barker, Roger G.; Wright, Herbert G.: Midwest and its children; the psychological ecology of an American town. Evanston, Ill.: Row, Peterson & Co., 1955.

What besides personality factors are involved in a child's ability to profit from mental-health services? A social worker discusses . . .

SOCIAL FACTORS IN ASSESSING TREATABILITY IN CHILD GUIDANCE

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SEPARATION OF SOCIAL factors from the intrapsychic dynamics involved in the selection of cases for treatment in child guidance constitutes a most difficult task. A child, whatever inner forces or conflicts give rise to his need for treatment, expresses his anxiety through his behavior within his family and in other social relationships. Whatever clinical criteria may be established for success in treatment, the community measures its effectiveness through the child's ability to function better within the community. Similarly, the child's problem, whatever its inner expression, represents, in part, an internalization of factors in his social relationships. Since the child is in an ongoing and close interaction with his parents, his siblings, other family members, school, and community, all of these vectors of his social relationships, have a continuing effect upon him as he undergoes treatment while he, in turn, has a continuing impact upon them. These factors are inherently involved in any attempt to change either the child or his environment.

It is almost impossible to separate out any one set of factors in human dynamics and to examine them independently. Nevertheless, the tendency in child-guidance literature, until quite recently, has been to emphasize solely the therapeutic process with the child and to give relatively scant attention to the various social factors acting upon him. Consequently, in this paper the social factors involved in the determination of treatability will be stressed. Full understanding of such factors must depend upon an equally full understanding of the child's personality, the level of his development, and the dynamic factors involved in his present functioning.

The importance of social factors emerges as we examine the nature of the illness or deviation which brings the child to the clinic. There was a period in the history of child guidance when we believed that the discovery of the cause of a child's deviation would lead us to the cure. We tended, too, to seek for a single cause. As we frequently found the cause in a disturbance at an early point in the child's developing relationships to his parents, we took from this the direction for our therapy. Redirect the child's attitudes, remove the factors blocking his relationships, reestablish the balance and controls among the personality components, and cure would be effected. But the cure we sought was and still is evanescent in at least one of every three of our patients and often in two of three. There has been a remarkable consistency in these percentages in evaluatory studies whether of casework or psychotherapy, regardless of the theoretical orientation of the therapy.[1]

Most frequently the multiple social factors contributing to an illness have been neglected.

Medical pathologists have been increasingly questioning the concept of single causation even in analyzing diseases which have been found to relate to a particular microorganism. The principle of multiple causation and interrelation between individual and environment holds even more strongly in the etiology of emotional illness.

Cultural Differences

The same personality structure or pattern of behavior may be considered pathological in one culture and valued by another. The work of the cultural anthropologists has amply demonstrated this point, but few studies have been made of the variations among families within a culture in their capacities to tolerate various degrees of deviational behavior or even pathology. Yet clinical experience has shown how wide these variations may be. One family finds any degree of aggressiveness intolerable, and loses no time in bringing an aggressive child to the clinic. A second family is not affected by an equal degree of aggressiveness and comes to the clinic only when pressure is applied by a community agency, such as the school, which does not have the same tolerance for aggressiveness. In clinical practice we find difficulty in effecting change in a child's pattern of behavior if his family has a high point of tolerance in regard to, or actually values, that behavior.

Subcultures within our communities also vary in their tolerance for, or valuation of different types of behavior. For example, in the Jewish Community Services of Long Island the staff of the child-guidance services has noted consistent differences in the types of problems coming from its usual, middle-income Jewish clients and those brought by children referred to the agency from a lower socio-economic community by the New York City Youth Board. Particularly noticeable has been the difference in the degree of parental concern and anxiety over the children's difficulties—a difference based not in higher and lower valuations of children, but rather in the level of parental tolerance of deviant behavior. If the values of the subculture did not conflict sharply with the prevalent middle-class values of the community as a whole many of these children would not reach the agency.

By what criteria then do we determine whether a child is sufficiently ill or his behavior sufficiently deviant to take him on for treatment? The very determination of a state of illness depends upon the social situation, including complex interactions within and between the family of the child, his subculture, and the culture of the larger community.

Only recently studies have been undertaken of the relation of culture and social institutions to mental illness. The findings have been quite consistent in showing the universality of such interrelationships though the dynamics are still unclear. These findings indicate a consistent and significant relationship between social class and the nature of psychiatric disorders.[2] The evidence points toward the importance of social and cultural factors in the etiology, persistence, and modification of emotional and behavior disorders. Yet to what degree do we give them consideration in our diagnostic and prognostic procedures?

Purpose and Goals

Once we have arrived at a particular diagnosis—a diagnosis which is at least in part socially determined—the decision whether this illness is treatable does not automatically follow. Treatability, from a practical point of view, is a relative quality dependent not only upon the diagnosis but also upon a variety of factors external to the child. One of the most important of these is the purpose of the treatment agency. In a child-guidance clinic this is essentially a social purpose—to help the child live more effectively within the community. Treatability in any particular agency is further limited by the nature of the agency's staff, the resources available to it, and all too often by the attitude of the staff. The same child may be found untreatable in one clinic and treatable in a second. Some clinics have been established to treat only special problems. For example, a school clinic concerned primarily with the child's school functioning would not accept for treatment many children who function well in school but present serious problems at home, even if they are amenable to treatment. Similarly, the community clinic, with service for the entire community as its objective may often, because of limited resources, exclude as untreatable many children who could be helped were longer, more intensive, and more skilled therapy available.

Too frequently there has been a tendency to equate expediency or staff limitation with absolute treatability. For a long time therapists assumed that schizophrenic children were untreatable. However when special resources, including therapists with sufficient time, skill, and interest for such children were developed we learned that they could be helped. For instance, after meeting with a blank wall in trying to refer seriously disturbed children to appro-

priate treatment resources, the Jewish Community Services of Long Island obtained special funds for establishing a "long-term treatment project." The basis for the agency's assessment of treatability shifted as its purpose shifted. Once funds were made available with the precise purpose of developing treatment services for seriously disturbed youngsters living at home, the staff found that the determination of a child's treatability rested to a greater degree on the assessment of the family's ability to sustain the child and the community and school's ability to tolerate his behavior. The project is still too young for evaluation, but the agency has found that many seriously disturbed children can be helped into and to use treatment.

Child-guidance clinics also often exclude mentally retarded children or children with brain damage as "untreatable." Yet a few pioneering clinics and agencies, most of them established through the efforts of parents, have found that despite their intellectual limitation such children present emotional problems very similar to those of normal children and equally amenable to treatment methods.

What has been the reason for the exclusion of seriously disturbed or markedly deviant children from treatment agencies? This seems to derive from some absolute goal for treatment which rules out children incapable of attaining it. In the light of the social purpose of the clinic, the validity of such a procedure is open to question. Would it not be more in line with our purpose to recognize that few if any of our patients can reach an absolute goal and to offer treatment to enable children to function more adequately? While a retarded or other seriously impaired child may not be able to attain normality, if he can be helped to function more adequately in relation to others, if he can be helped to be happier, and if his parents can be helped to encourage and sustain his limited growth potential without pressure for impossible goals, would that not be an adequate base for acceptance by the clinic?

The Parents' Involvement

The problem of selection is particularly difficult in a child-guidance clinic because a child is dependent in so many ways upon important adults about him. Furthermore, a child's personality, still very much in the process of formation, is continuously influenced by what happens within his family. His way of responding to these influences has particular value to him. His symptomatic behavior may be a reaction against the overwhelming closeness of his parents and their inability to help him establish an independent self. Or it may be a defense against internal needs and impulses, a defense built up often as a result of the internalization of parental standards and values.

Often a child's symptoms may reflect his effort to obtain love and recognition by an identification with his parent's deeper but suppressed desires or conflicts. Since this behavior satisfies the parents' needs there is frequently a subtle encouragement of that behavior.

In one case a mother sought help with a 14-year-old daughter whose sexual precocity was alarming. The girl did not seem to progress at all in treatment until after the mother, in parallel counseling, became aware of her own repressed sexual needs which she tended to satisfy through her daughter's behavior. After each of her daughter's sexual experiences, she would question the girl in such detail that she led her on to the next step.

A child's symptoms also may reflect his confusion about, or his taking sides in, his parents' marital relationship. In situations of marital conflict a child often reflects the struggle between the parents and their effort to utilize him in that struggle. His behavior may also result from his reaction to the effort of either parent to find fulfillment through him of the needs which the marriage fails to fulfill. In many cases we find a mother turning to her child for the love which her husband does not show. In many others we find in a child's deviant behavior a reaction to his parent's attempt to realize frustrated ambitions through him. As we recognize the crucial role of family interactions in a child's behavior, the need for involving the parents in treatment becomes obvious.

Assessment of a child's treatability consequently must rest on the evaluation of the parents' capacity to involve themselves in the treatment experience and to work toward change in their relationship to each other and to their child. This determination of the parents' ability to change involves more than a diagnostic evaluation of each. A parent may be extremely disturbed and still be able, with counseling help, to find other ways of satisfying his neurotic needs than through his child. Where the parents cannot find other outlets for neurotic needs, where they must struggle against whatever changes are taking place in their child or constantly thwart them, therapy for the child obviously cannot be effective. As long as the parents are not involved, the child will resist treatment, unless he is old enough and has

sufficient ego organization to carry a great deal independently.

With the present state of therapeutic knowledge, we must conclude that cases in which pathology in all of the members of the family is interwoven and mutually reinforced are not suitable for selection in most child-guidance agencies as presently constituted. Yet we must face the fact that such "pathological families" constitute a major source of community disbalance and tend to be self-perpetuating. Breaking into these pathological families, discovering ways of concurrently treating each of the members while working at modifications of the modes of interaction constitutes one of the most serious challenges to the combined skills of social work and psychiatry. Fortunately most families of emotionally disturbed children are not "pathological" in this sense though they have problems.

Community Resources

Assessment of treatability must be based not only on the intake worker's intimate knowledge of his own agency but on a thorough familiarity with community resources and a sensitive and realistic understanding of family and community dynamics. In the community with no other resources, an agency may have to take on for treatment cases which in other communities might better be referred elsewhere. Moreover, while it is most desirable for a child to continue to live at home during treatment, some homes are so destructive and so resistant to change that the child might better be provided treatment either in a special institutional setting or after being placed in a foster family.

We must try to avoid, in considering treatability, either the automatic rejection of the idea of placement, or the too easy utilization of placement as a way of getting around the need for developing more fully our own treatment methods.

There is a real danger in the child-guidance field in the too complete restriction of cases to those for which the standard methods of treatment of child and parents hold promise. Witmer and Tufts, in a review of the effectiveness of delinquency-prevention programs, point out that child-guidance clinics, though originally established in the hope of reducing delinquency, through their intake policies have gradually excluded most delinquents from their caseloads.[3]

In view of the social responsibility of the child-guidance clinic, it is important to work toward a reversal of this trend. Somehow child-guidance clinics must find in intake procedures the means of accepting the more difficult children, and in therapeutic processes, the means of helping them.

Other Family Members

Sometimes in describing family dynamics, child-guidance workers seem to assume that the typical family is made up of an only child, a mother, and perhaps a father. We often tend to neglect the interactional roles played by various other members of the family: siblings, grandparents, aunts and other relatives and friends. While a child's relationships to any of these persons may further complicate his problem, often he can derive from them enough support and satisfaction to counteract to a significant degree the failures in the parent-child relationships. Bossard's studies of the large family point to the role which older siblings play in a child's development.[4]

In some cultural groups certain relatives outside the immediate family are given important roles in the development of the child—for example, the grandmother in certain matriarchally oriented cultures. One JCSLI case centered around a Negro child, living with his parents and a grandmother who took care of him while his parents worked. Though the mother and father seemed ready to become involved in working on their child's problem and the child seemed interested in getting help, they seemed unable to begin. After they canceled numerous appointments, the agency was about to close the case as "untreatable," but decided first to try to see the grandmother. When this woman came to the agency after considerable hesitation, she expressed a great deal of question about it and particularly about its Jewish connections. However, after expressing her doubts and gaining a sense of the agency's desire to help, her attitude changed. The child's parents and the child himself thereafter responded differently and eventually achieved considerable progress.

In another case a widowed mother and child who seemed to make a good beginning in treatment reached a point where they could not progress. The child seemed to be fighting his worker and the mother was not helping him. Throughout her interviews the mother had talked about her older brother who was enormously helpful to her and who also played an important part in the child's life. It became apparent that this man felt threatened by the agency and the family's involvement with it. The mother, feeling alone without his moral support, decided to withdraw herself and her child from treatment.

These cases illustrate the importance of considering not only relationships other than the parent-child relationship in determining "treatability," but also the possible effect of a particular plan of treatment on other members of the family. What will treatment of one child mean to his parents' relationships to their other children or to the child's own relationship to his siblings? How will the other children react to the frequent absences of the child and the mother?

In another case the JCSLI decided to discontinue treatment of one child until his mother could make plans for her other children, when it became obvious that their needs would be neglected if she made frequent trips into the city to visit the agency. In still another case, a child being seen at the clinic appeared to be helped, but his mother indicated in her interviews that she was displacing her hostility to a younger child who was now showing symptomatic behavior. As this development was discussed with her, the treatment goal was shifted toward helping her get therapy for herself and then for her child.

Another important consideration is the effect of a child's treatment upon his parents' marital relationship and other significant family bonds. Where mother and father disagree about the desirability of the child's undergoing treatment, where the father refuses to become involved in any way, or where treatment would have a deleterious effect upon the marriage, is it advisable to undertake it even if the child shows promise? In some instances it may be necessary to refer parents to a marriage-counseling service before attempting to treat their child. In others, skillful efforts by the social worker at intake toward involving the father in treatment may be effective.

Community Relationships

Sometimes in our consideration of significant family relationships, we tend to lose sight of the fact that a child lives in a community as well as in a family, that he attends school, that he moves in a world of his peers with its own special standards. The expectations and relationships these bring to him may have tremendous significance for treatment.

In one case in which a retarded child seemed capable of using treatment, his teacher, though related positively to him, projected all the blame for the child's difficulties upon his parents and lost no opportunity for accusing them. In her resulting anxiety the mother repeatedly castigated the child and tried to push him beyond his capacity. She could make no progress in her problem with the child until the agency, through bringing the school principal and teacher into the treatment plan, could effect a reduction in the teacher's pressure on her.

A child's friends and his neighborhood are also an important consideration in determining whether treatment might help—especially in low-income neighborhoods in which a child uses behavior unacceptable to adults to gain status with his peers. If no substitute for the peer group exists for him, the clinic's efforts to change him may be of no avail. Said one child, as the possibility of treatment was discussed: "I can't be a sissy and still be in the gang."

"The gang," in this instance, included all the children in the neighborhood. Since the mother could not find other housing accommodations the treatment plan had to include consideration of the effects of change in the child on his social relationships. If treatment, no matter how effective immediately, results in a child's isolation, its ultimate effectiveness might well be open to question. Fortunately the mother in this case could be helped to relate her standards to the realities of the neighborhood.

This problem of poor relationships often is a serious stumbling block in clinics working with delinquent children. Yet, the work of the New York City Youth Board has demonstrated that many very difficult children whose families showed little readiness to use clinic help were treatable in an agency that was willing to seek out the families in their homes and use the authority implicit in the community to encourage them to try treatment.[5]

The selection of cases for treatment is also affected by what the community is ready to support. Where the need is great and resources small, criteria for selection may be established on the basis of serving the largest number of clients with the least expenditure of professional time. But as the community reflects through additional funds its increasing concern for the seriously disturbed child and for the retarded and exceptional child, more attention is likely to be spared for difficult cases. Since resources are never completely ample, clinics must be careful to resist "the tyranny of the waiting list,"—that is, selecting for treatment only the most promising cases and leaving the most serious ones untouched.

The social purpose of child-guidance clinics would seem to require them to take on some of even the most "untreatable" cases in an effort to develop ways of reaching them. Similarly their intake policies should leave some time for participation in efforts to

prevent emotional disturbance. They need somehow to achieve perspective in dividing their energies among direct service, experimentation and study, and prevention. Moreover, the child-guidance field must recognize that the private clinic cannot fully meet the need for service.

Assessment of Social Factors

There is no formula through which to give relative values to the social factors warranting consideration in selecting cases for treatment in a child-guidance clinic. One factor may be offset by another. For instance, a child with a relatively minor emotional difficulty may be untreatable if his parents are unable to change in any way and if no other sources are available to him for obtaining recognition and support. On the other hand, some children with enough drive toward health may be able to profit from treatment even if the parents are quite resistive to help. For some, other forces in their families or in the community may be of potential support even though their parents have little to offer them.

Assessment of this array of social factors is an extremely complex task. The dynamics involved often are not apparent until the therapeutic process is under way. However, therapy actually begins when the child and his parents first come to the agency. In this sense the diagnostic procedures are steps through which many of those social dynamics can be reflected and tested out.

In addition to attempting to refine selection procedures, child-guidance workers may need to examine their therapeutic techniques more critically—particularly as they relate to family and social dynamics—and to experiment freely with ways of fulfilling their social purpose more adequately. A recent review of evaluation in mental health reported: "It is not uncommon for professional personnel working primarily in the area of diagnosis and treatment to assume that scientific evidence of results is more adequate or has progressed further in this area than in some of the other areas. In this review of the literature and studies in progress, such evidence has not been borne out." [1]

While child-guidance treatment methods are far from perfect, the techniques for selection remain considerably less refined. Ideally, selection is a process in which the worker's intuition and social purpose play important roles. Child guidance historically introduced the team concept as one way of dealing with the complex nature of its task. In the development of the field the purpose has tended to narrow to a psychotherapeutic concern so that in many clinics the potential contribution of the social worker to the team's operations has not been fulfilled.

With its long history of dealing with social factors, social work is in an ideal position for exploring the social dynamics affecting a child and for making significant contributions to clinical practice. Assessing social factors and dealing with them creatively in the process of therapy constitute the essence of social casework in child guidance. This was recognized by the Group for the Advancement of Psychiatry, which concluded a report: "If a social worker in a clinic, with or without specialized training as a psychotherapist, is regarded primarily as a psychotherapist, and carries activities said to be psychotherapy, then the contribution which he makes, though it may be valuable, is no longer casework, and the clinic team can avoid a functional loss only by the employment of a social worker who does casework." [6]

The social factors involved in the emotional illnesses and behavior disorders of children are so dynamically interwoven that exploring and dealing with them sensitively with social as well as psychological awareness, experimenting with them, and integrating them into the total therapeutic process constitute a challenge to social work. To meet that challenge, social workers in child-guidance clinics must reaffirm the "social" in their professional heritage, enrich it from the experience of social work in other fields as well as from the social sciences, and realize their potential contribution to clinical practice.

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Professions and agencies, State and county combine efforts in a Georgia project for . . .

COMBATTING MATERNAL DEPRIVATION

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MATERNAL DEPRIVATION—the failure of a child to receive "mothering" from the central figure in his life—is the target of a multidisciplinary, interagency project in a Georgia county. Jointly operated by the local health and welfare departments and juvenile court, with State stimulation and consultation, the project is aimed at developing a concentration of effort to protect children from maternal deprivation or to change situations likely to produce maternal deprivation.

The project is based upon the assumption that personality development is profoundly affected by early parent-child relationships. The World Health Organization's bulletin, *Maternal Care and Mental Health*, by John Bowlby [1] has been used as a resource in planning.

Preparation for the project began in the State Departments of Health and of Welfare 2 years before a specific county was selected as its locale. The need for a total service to families containing extremely neglected children had been recognized for many years by many public health and welfare workers in Georgia.

Three moves were made by the Health and Welfare Departments to launch the project: 1) its basic concepts were defined; 2) the factors likely to result in maternal deprivation were listed; 3) the observable indices for identifying children who are maternally deprived were developed.

The group which hewed out these definitions included two public-health nurses, a pediatrician, a school health physician, a psychologist, and a social worker. They found that previous concepts of maternal deprivation either had not been clear enough or were not communicable to the people of various levels of knowledge and understanding who would be needed to work in an action project. Eventually they arrived at the following definitions:

1. *Maternal deprivation* is the lack of continuous care by a mother or mother substitute during the period from birth through 4 years resulting in social and emotional isolation in the child.

2. *Care* is supplying not only the minimum physical needs for the child but also providing a continuing relationship with a single mother figure who can be identified by the child and others as the person fully responsible for his welfare and who gives the child the social and emotional stimulation and protection which makes it possible for him to: 1) respond to at least one other person: 2) achieve the developmental stage appropriate to his age and mental ability.

3. *A mother substitute* is either a paid or unpaid person who assumes the role usually carried out by the mother in the care of a child.

The factors which result in maternal deprivation were defined as:

1. Lack of a mother or mother substitute.

2. Absence of the mother or mother substitute for frequent periods of time extending beyond a few days.

3. Frequent changes in mothers or full-time mother substitutes.

4. Chronic physical or mental illness which frequently incapacitates the mother or mother substitute for prolonged periods of time.

5. Extreme mental or social deficiency in the mother which makes it difficult for her to care for herself outside an institution.

6. Extreme rejection of the child by the mother exhibited by attempts to give the child away without cause or making dangerous physical assaults on him.

The indices of maternal deprivation in young children were defined as:

1. Progressive wasting and emaciation, especially where there is no apparent physical cause.

2. A fixed continuous smile for which there is no appropriate cause.

3. Continuous, monotonous, patterned rocking or other self-stimulating rituals which are not interrupted by external stimulation of the type ordinarily attracting a child's attention.

4. A failure to react to outside stimulation as readily as most children and an isolated preoccupation without apparent external cause.

5. Anger or unusual excitement on the part of the child when isolation or preoccupation is interrupted by another person.

Original Design

As originally visualized the project was to be developed in the following stages:

1. Case finding of families in which maternal deprivation is suspected.

2. Geographical identification of areas of highest incidence, followed by study of sociological factors which differentiate high incidence areas from areas of low incidence. (No high incidence areas were found in the county selected.)

3. First stage screening and action on suspect cases by a screening committee representative of health, welfare, and juvenile court.

4. Home visits by nurse, child-welfare worker or court worker employing standard open-ended interviews followed by written reports. A plan to use volunteers for a survey in areas of high and low concentration of cases of maternal deprivation was later abandoned.

5. Second stage screening of home visit reports by the screening committee, to involve planned action on each case suitable for immediate decision and referral of those more difficult to evaluate to the maternal deprivation clinic.

6. Maternal deprivation clinic examinations of both mother and child followed by staff conference on each case referred to the clinic and recommendations for case management; the clinic team to consist of public-health nurses, social workers from the health and welfare departments, pediatrician, nutritionist, psychiatrist, and psychologist. A complete physical examination would be included for the child, but adults would be referred selectively to the Hospital Clinic.

7. Followup by worker making initial home visit, to carry out the clinic's recommendations.

8. Social action on factors identified in the high incidence areas.

Two sets of *case-finding techniques* were adopted:

1. Reporting of suspect cases by the personnel of the local health department, welfare department and juvenile court, as well as by private physicians, ministers, school staff, and police.

2. Review of public records including: a) juvenile court and superior court records on cases of abandonment and neglect; b) welfare department records; c) health department register of tuberculosis sanitorium patients having children under 5 years of age; d) health department general caseload records; e) vital statistics records of questionable infant deaths in families having other children under 5 years of age, of unwed mothers, and of families having more than 5 children; f) the County Ordinary Court records of commitments to State mental hospitals. Home visits made later to a random sample of the vital statistics categories indicated that these were not good prognostic categories in the county selected.

Two other preparatory efforts were made: 1) a series of educational aids was collected; 2) all current public-health nursing monthly narratives were reviewed for examples of probable maternal deprivation. The educational aids included: the films "Maternal Deprivation," "Grief," and "Somatic Consequences of Emotional Starvation in Infant"; a group of articles from various journals; and large quantities of the Bowlby bulletin.

A written description of the project was used with the films and public-health nursing narratives in informing the personnel of the State Welfare and Health Departments about it.

The Locale

Cobb County was then selected as the locale. The criteria for selection were:

1. The county was small enough in population to be manageable in a project of this sort.

2. It had a health officer who was interested.

3. His staff included a mental-health worker.
4. There was a child-welfare worker there.

Cobb County has a population of approximately 78,000 persons of whom 29,000 live in Marietta, the county seat. Prior to World War II, the county economy was almost entirely agicultural. Since then a rapid transition to an urban economy and culture has taken place.

When the project began the staff of the county welfare department consisted of a director, seven public-welfare workers, and, for a while, a trained child-welfare worker. The staff of the county health department consisted of a health officer, a psychologist, a nurse supervisor, and six public-health nurses, two of whom had had previous experience in a psychiatric setting. The judge of the circuit court had two probation officers on his staff.

These persons were all involved intimately in the project. In addition, they had available consultation from the staffs of the mental hygiene and maternal and child health divisions of the State Health Department, including a mental health nurse, a clinical psychologist, a psychiatric social worker, a pediatrician, and a pediatric nurse. Staff of the State Welfare Department also were available for consultation.

Preparing the County

State public health and welfare personnel met with personnel of the local health and welfare departments to present the plan. Afterwards a similar meeting took place with the personnel of the local juvenile court. After these three groups agreed to carry out the plan, approval was sought from the local medical society.

This process took patient and repeated explanations of the project's purpose and methods. Much careful work went into trying to help each group to understand what was meant by "maternal deprivation." The two tools that helped most in communicating the concepts were the nursing narratives which provided case examples of maternal deprivation, and the film, "Maternal Deprivation." The latter was particularly effective in providing agency workers with a practical criterion for making preliminary judgments.

One of the questions raised over and over, by both State and county personnel, was: "What are you going to do about these cases after you find them?" Or, as it was put locally, "Is this just another study? Are you going to find all these cases and then dump them back on the community, pointing out to us that we have a problem we already know about?"

These questions were pertinent and logical and required careful answers.

We explained that even though one of the agencies was already working separately with most of the cases, an evaluation of the total situation in each by all of the agencies concerned, together with a comprehensive plan for rehabilitation, seemed in order; and that if the agencies could have the help of a group of specialists in making their evaluation and of other specialized consultation not now available, their services to families might be more effective.

County Planning

The mental health worker of the county health department, a psychologist, became the coordinator of the project, and chairman of the Planning and Screening Committee. This was composed of the director of the local welfare department, a representative of the juvenile court, and the public-health nurse supervisor.

Very early in its existence this arrived at the following decisions:

1. Home visits would be made only by agency professional workers.
2. Participation of lay groups would be postponed until very late in the project.
3. For the community the name of the project would be changed to Emotional Needs of Early Childhood.
4. The only publicity given the project would be to the groups requested to report cases of suspected maternal deprivation.

The members of the committee shared the task of orienting the groups to be asked to report. They sent letters to all local physicians and ministers, containing one-page definition of the problem, a description of the project, and a request for names of suspected cases. In addition they used the film "Maternal Deprivation" as a part of a brief presentation to physicians, ministers, the police, and staff of county agencies.

The basic design agreed upon by the county at this point was a briefed version of the original plan. It included five stages or steps:

1. Case finding of families in which children may be suffering from maternal deprivation. Such families could be found in two ways—through agency records and voluntary referrals from community groups.
2. First stage screening: investigating the families referred and gathering the information which would be needed for second stage screening.

3. Second stage screening: identifying families in which children seem to be experiencing maternal deprivation and to be reacting with observable symptoms.

4. The operation of a maternal deprivation clinic in which an interdisciplinary staff team further evaluates the child and mother and makes recommendations for rehabilitating the family; the clinic to be held once every 3 to 6 months as needed.

5. Followup of the recommendations, carried out as far as possible by agency staffs, using all appropriate services.

Operation of the Project

The project began in May 1955. The first step was compilation of a list of names of children who might be suffering from maternal deprivation. The Planning and Screening Committee met several times as a whole between the initiation of the project and the first clinic, which was held in November 1955. In addition, various members of this committee met together several times to discuss individual cases. In general, the committee performed the following functions:

1. Pooling information on cases referred to the project and, when possible, making decisions about case handling without referral to the maternal deprivation clinic. This brought about an increase in inter-agency planning and action on all cases.

2. Deciding who should make the initial home visit to gather additional information for the committee's decisions on whether or not the case involved maternal deprivation, what inter-agency action had to be taken, and whether or not the family should be referred to the maternal deprivation clinic. In this procedure workers from each participating agency used the same standardized interview. The committee asked welfare workers to visit the families on their rolls and all the unwed mothers referred to the project. The public-health workers visited the families in which persons had been committed to mental hospitals, were on the tuberculosis register or were otherwise on their general caseload records. The probation workers visited a few families with whom they were already involved.

3. Review of the initial home visit reports in the second stage screening, followed by decisions for immediate action or referral to the maternal deprivation clinic.

4. Continual planning on all phases of the project.

5. Participation in the case conferences during the maternal deprivation clinic, to help the clinic team formulate realistic recommendations. This made it possible for the team to know at once whether or not an agency could take on the role suggested in the recommendations. Thus, in a few cases involving court action, the probation worker was able to say at the outset what the court's staff could and could not do. Similar explanations could be made by the welfare department director in regard to cases which needed funds or official welfare action.

The experience in Cobb County has revealed the need for the committee's assuming yet another function: periodic review of all cases. This would give the committee opportunity to decide how well the case is going, whether it should be closed or continued, and whether a re-referral to the maternal deprivation clinic is necessary.

Other community resources were also mobilized. Two pediatricians from the County Board of Health were asked to work on a voluntary basis with the project as representatives of the county medical group. Both participated in the clinics, and one also contributed much free medical supervision and service to children in the project and assisted in obtaining long-term hospital help in two cases.

Volunteer and civic groups also participated in the project. Members of the Junior Women's Club served food to the patients and the clinic staff, cared for the children while the mothers were being interviewed, and escorted the patients to the proper staff members. This club and other community groups also provided special financial assistance to a few families for whom agency funds could not be used, and obtained clothing, furniture and household items for them. Altogether some 70 people gave time and effort to the project.

It now seems clear that future projects should include a committee of civic and volunteer groups, the chairman of which should be a member of the Screening, Planning and Review Committee. The purpose of this community committee would be to carry out functions which the official agencies cannot handle. If a member of this committee participated in the clinic conferences he could indicate whether any community group could take responsibility for the parts of the recommendations not within the purview of the official agencies.

A Case Story

At this writing two cycles of referral, investigation, screening, clinic evaluation and followup have been completed. The families which were referred to the clinics were typical in one respect only—the fact that they each had many problems. We will, however, describe one to give a picture of the way in which the design applied, making several changes to preserve the family's anonymity.

The initial referral came from two sources: the records of the County Ordinary's Office, which showed the commitment of the mother to the State mental hospital; and the public health case records. The nurse knew this family of 2 parents and 8 chil-

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dren because she had been called in when the father was seriously ill and because the preschool children had received immunizations at the health unit.

At first-stage screening, the Screening and Planning Committee learned that neither the welfare department nor the court had had any dealings with the family. However, the psychologist who was chairman of the committee had, with one of the local health department nurses, helped the father arrange the mother's hospitalization.

The Nurse's Role

When the committee decided to admit this family to the project, the nurse who had already been working with it was assigned to make the "initial" home visit. Her report showed that the mother had first become ill several months after the death of one of her children. She had almost totally neglected twins who were born later. After showing increasing signs of disturbance, she had been hospitalized for about a year. Later, returned home as improved, she had continued to neglect the children and to be apathetic and withdrawn.

In her report, the nurse recorded the depriving maternal factor as the mother's illness, and the indices of maternal deprivation in the children as progressive wasting and emaciation with lack of responsiveness or emotional expression. Said the psychologist who visited the home at her request: "The child's skin was so loose on its frame that it felt as though it would come off in my hands."

The nurse had also noted that: although the father's income was over $5,000 per year, the house, furniture, housekeeping and food were extremely substandard; a teen-aged daughter was trying to take over the maternal role, but it was too much for her and her school work was suffering; the father was staying away from home more and more; the younger children were becoming problems at school.

At the point of second stage screening the Planning and Screening Committee reviewed the nurse's report, the State hospital diagnosis, and the psychologist's verbal report. The committee decided that according to the project's established criteria the children were seriously deprived and should be retained in the project and that the nurse should continue working with the family until the clinic could be held—2 months from then.

The most serious and immediate problem in this family was the physical condition of the twins. Under the supervision of the health officer and the nurse supervisor and with the consultation of the psychologist, the nurse was to try to obtain cooperation from someone in the family to prevent the children from dying. The father seemed the most logical person.

Because the family's income made the family ineligible for public assistance, the welfare department could do little for the family then. It agreed, however, as did the court, to step in if removal from the home became necessary because the children's physical condition did not improve.

In her early visits the nurse was accepted by the father, but was resented by the eldest daughter. As the nurse continued to visit the home and supervise the feeding of the children, the mother began to respond to her and to accept her support. In promoting this relationship the nurse consulted frequently with the psychologist.

As the time for the maternal deprivation clinic approached, the father requested the nurse to explain the procedure to his wife. Her attempts to do so, however, frightened the mother into temporarily breaking off her contact with the nurse.

Since the father drank excessively and had been undependable in carrying out the prescribed regime for his own illness, the nurse would at times try to work with the eldest daughter, who always seemed hostile and was obviously deeply ashamed of the family situation. The girl refused to bring the children to the clinic but the father after considerable vacillation eventually did so.

In preparation for the clinic, the nurse obtained a standardized medical history on the children, a routine pre-clinical procedure, and the psychologist tested the children with the Cattell Infant Test, also a routine procedure in respect to children under 2.

At the Clinic

During the clinic the father was interviewed by a social worker, psychologist, and the psychiatrist. However, he was not given the psychological tests for intelligence and personality factors—routinely given to mothers.

The children were examined by the nutritionist, the pediatrician, and the psychologist. The nutritionist plotted their physical development on a chart; the pediatrician made records of their physical condition and the psychologist gave them tests.

The social worker who interviewed the father was a child-welfare worker from the district office of the welfare department, the psychologist was in private practice in a near-by city, the pediatrician was a local physician, the nutritionist was from the regional office of the State Health Department. The nurse

who brought this family to the clinic was the one who had been making the home visits.

After their examinations, the members of the team met for a post-clinic conference to present and discuss their findings. The nutritionist reported that the children were retarded in physical growth. The pediatrician reported that in spite of this they were in fair physical condition, although still showing some effects of earlier severe malnutrition. The psychologist reported signs of slight mental retardation and severe emotional withdrawal.

The team members then agreed that this was a case of maternal deprivation, of moderate degree.

Recommendations and Followup

While space does not permit a presentation here of the diagnostic material which gave the team a picture of the family's strengths and weaknesses, these were the basis of the recommendations and the followup steps which rounded out a full cycle in the project's design.

The recommendations were:

1. Medical care for children.
2. Provision of emotional support and budgetary guidance for the father or the eldest girl, or both.
3. Strengthening the eldest girl's ability to assume the maternal role by teaching her infant and child care, meal planning and food buying.
4. A conference by a team member with the school personnel asking for additional consideration for all of the children, particularly the eldest girl.
5. An attempt by the nurse to develop a closer relationship with the mother and the eldest girl.

The nurse was selected to carry main responsibility for the case because of her involvement in it and the mother's recent positive attitude toward her.

Since attendance at the clinic, the father has taken the twins to a pediatrician, and they have continued to make physical and emotional gains. The nurse has visited the home every 2 weeks. She has established a good relationship with the mother, which seems to have given the family a sense of community acceptance, support and interest. As a result, the eldest daughter has developed very positive feelings toward the nurse.

The nurse has also had several conferences with the school personnel about the family, resulting in the school's taking special pains to help the children. The teachers have changed their attitudes considerably since, with the help of the visiting teacher, they have come to understand the family situation. All the children have shown marked improvement in their school work and in their attitudes toward school.

The nurse has also helped the eldest daughter with the family budget, given her information on food preparation, and arranged for her to have a visit with the nutritionist. In addition she has taken her shopping to show her how to buy the right kinds of food. The home economics teacher has given the girl instruction in food budgeting and home-making activities. The meals and the home environment have improved considerably.

The father has carried out necessary steps, such as taking the children to the pediatrician, only after much persuasion. Because of his long working hours and his rather negative attitude toward women, the nurse has not found it possible to give him the kind of support which would make his paternal role more effective. He seems to appreciate the help which is being given the family as well as the nurse's interest in his wife.

The eldest daughter has developed considerable strength and ability to manage and eagerly uses the help offered her. The family seems to have reorganized itself around her, thereby gaining some stability. This is not an ideal solution, but it has kept the twins alive and has resulted in very definite changes in the indices of maternal deprivation which were present when they were assigned to this project. They no longer show the signs of severe physical and emotional retardation which were so apparent when the mechanisms of this project were focused on them.

This family was average in its response to the project's attempts at rehabilitation. We have had one or two instances of very dramatic results and one or two which were unrewarding. In this case, an adequate, if not an ideal, mother substitute has been provided for the children, which may mean adequacy of the children when they are adults. There is, of course, the question of the effect of the heavy burden on the eldest girl and her outlets for normal teen-age life. This is a problem of which the project should remain aware. Nevertheless, the girl obviously feels much better off than she did before. She is less upset and better organized.

If the project is to give more effective help to both mother and father, the case will have to be reviewed by the Planning and Screening Committee and perhaps referred to another clinic for reevaluation.

General Information

Eighty-nine names were included in the original list of suspect cases compiled after the first meeting of the Screening Committee. However, the num-

ber of families seen in the first project cycle came only to 42 while just 8 actually went through the clinic process.

At the time of the first maternal deprivation clinic, 16 of the 89 families had not been found; 10 had moved out of the county; 8 had been eliminated from the project because the children were over the pre-determined age limit of 4 years 11 months; 13 had not been visited. All of the remaining families had been visited, by the public-health nurse or welfare worker, but 34 had not been referred to the clinic either because the home visits had revealed that the children were not showing symptoms of maternal deprivation, or because the difficulty could be met in some other way. In many instances an adequate mother substitute already was in the home.

In some of the cases accepted for the clinic major responsibility has been assumed by the welfare department, with or without help from the health department. In two or three cases, both departments and the court, plus the hospital, the local pediatrician, and several civic organizations and local merchants have played active roles in the rehabilitation process. The case described, however, is more typical, since it shows the way in which one visitor—whether health or welfare worker—assumes working responsibility for the family and uses the other specialists in the community, or the combined strength of the Planning and Screening Committee, or both, to help make her work more effective.

The presenting problems of the families referred to the first clinic show the kinds of situations with which the project has been dealing. They were:

A divorcee, Mrs. H., had a 4-year-old daughter who cried peculiarly all the time.

Mrs. D.'s 6-month-old twins had not gained an ounce during their first 4 weeks.

Mrs. A., who had been committed to the State hospital for the mentally ill before her daughter was a year old, was back home but still ill. The child seemed physically retarded and emotionally disturbed.

Mrs. B., who had periods of mental illness, admitted abusing her oldest child, a 3-year-old girl.

Miss J., an unwed mother with three children, had lost her aid-to-dependent-children grant after the birth of her second child. The little girl, whom she admitted neglecting, lay on a filthy pallet, unable to walk, until after her second birthday.

Mrs. G. and her husband had contracted tuberculosis before their first child was a year old and for the next 7 months both parents had been in the State Tuberculosis Sanatorium. Now the mother, with a new baby, was at home on bed rest. The older child cried almost constantly and was overaggressive.

Some of the home conditions were very bad. One report described a "mountain of trash and garbage in the middle of the floor." Another says: "A small pot was taken for the children to use so that there would be no further messing on the floor."

Following the first clinic many new referrals were made to the project. A second clinic, also including eight families, was conducted 6 months later. It now seems that about eight or ten families will be ready for a clinic evaluation every 4 to 6 months.

A Second Project

Currently, initial planning is being carried on in another county in an attempt to repeat the design of this project. With a population of approximately 9,000 people this county is more typical of Georgia's rural areas than Cobb County. Its local health department has three nurses who receive supervision from a health officer and a nurse director from the district health department. The circuit court has no probation workers. There is a three-worker welfare department. The superintendent of schools is on the Board of Health and also on the welfare board.

In this small county the project will actually be able to call on more resources, because of the availability of a child-guidance clinic located within the district health department. This clinic has a staff of two part-time psychiatrists, two psychiatric social workers and a psychologist.

The following changes or additions will be made in the new project:

1. The basic committee will be a Planning, Screening and *Review* Committee.
2. The civic clubs and other voluntary groups will appoint a committee to work with the project.
3. More assistance from specialists will be planned in the initial stages of home visit to help the staff visitors handle their anxieties in dealing with these families.
4. More frequent, scheduled consultation from mental health specialists will be offered personnel working directly with families.
5. Psychotherapy will be offered, selectively, to more mothers and children.

It is too early to conduct an adequate evaluation of the Cobb County project. However, the plans are already underway to make a partial evaluation within the next 6 months. Three or 4 more years will be needed for finding out whether this pattern of bringing already well-known techniques to bear on the problem of maternal deprivation deserves statewide development.

[1] Bowlby, John: Maternal care and mental health. Bulletin of the World Health Organization, Vol. 3, No. 3, 1951.

Do teen-agers need work experience or the protection of child-labor laws? "Both," says this discussion of . . .

YOUTH AND WORK

SOL MARKOFF

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INCREASINGLY, citizens in various parts of this country are asking an insistent question: Are present child-labor laws doing more harm than good to our teen-agers? This is far from being an academic question. Last year bills were introduced in 4 State legislatures to reexamine or effectuate substantive revisions in existing child-labor laws. This year, when more than 40 State legislatures will convene, the movement will undoubtedly spread.

It will do no good for advocates of the status quo to point an accusing finger at critics of present laws and to characterize these individuals, unfairly and erroneously, as persons who want to exploit children for profit or to permit such exploitation by others. Undoubtedly a few selfish interests would like to see an undercutting of present standards in order to promote their own private profit. But happily, they are few. The real impetus for reexamination of the laws and for their revision does not come from "exploiters of cheap child labor" but rather from some educators, psychologists, juvenile-court judges, persons concerned about adolescent development, and others whose professional competence and unquestioned integrity cannot lightly be dismissed.

Have child-labor laws really progressed beyond the bounds of common sense as some of these critics have charged? And are they now hampering rather than promoting the welfare of young people by depriving them of opportunities for worthwhile work experiences?

If there is an affirmative answer to these questions, modifications would certainly be in order. Child-labor laws were meant to be shields used by society to protect children from industrial oppression; to give them opportunities to grow in decency and in dignity; and to afford them opportunities for educational advancement. They are not Holy Writ engraved in granite. They can and should be reviewed periodically and, if necessary, changed to meet the needs of the present in line with economic conditions and our ever-expanding knowledge about what young people require for wholesome development.

But what are the facts about child-labor laws today?

Some persons who have not studied child-labor laws closely are under the impression that these laws are concerned only with the labor of children. They do not realize that some of these laws seek to regulate, in some degree, employment of minors up to the age of 18 and, in some cases where there are physical or moral hazards involved in employment, up to 21. While regulatory provisions for older youth are necessary and socially desirable, the employment of young people aged 18 and 20, even though in hazardous work, is not, strictly speaking, "child labor," as that term is commonly understood.

In studying the facts, it would be well to draw a sharp line of distinction between "child labor" on one hand and "youth employment" on the other. A vast qualitative distinction separates the two. "Child labor" is a form of industrial cruelty to children, symptomatic of a society which is either economically backward or politically immoral. But "youth employment" is quite different. When young people are employed under proper working conditions and under responsible supervision, work can be a positive ingredient in their growth and can help in their social maturation.

In short, there is a period during which children

need the shield of child-labor laws to protect them against industrial oppression. There is also a point at which adolescents of employable age need worthwhile work experiences to advance their personal development, to prepare for careers, to stimulate their ambition. There is no essential conflict between these two ends. Young people today need both the safeguards of sound, sensibly administered child-labor laws and the active help of imaginative adults to assist them, at the proper time, in finding work opportunities suitable for their present needs and helpful to them for their future.

The Laws' Provisions

The critics of child-labor laws in general would do well to review their provisions. An analysis of State child-labor laws discloses that a considerable number of States have not yet met the minimum standards repeatedly recommended by the International Association of Governmental Labor Officials. In brief, these standards suggest a 16-year minimum age in any employment during school hours; a maximum 8-hour day, 40-hour week for all minors under 18; a 13-hour period at night during which any work is prohibited for persons under 16; and a similar 8-hour nighttime period during which work is prohibited for persons under 18.

However, in about half the States children under 16 can still leave school for work in some occupations; an 8-hour day for workers under 18 has been established in only 15 States; a maximum 40-hour workweek for persons under 18 is guaranteed in only a handful of States; long hours of nighttime work and hazardous occupations, such as the operation of power-driven farm machinery are still permitted in many States for youth under 18. In fact, hardly a State child-labor law meets the standards of the International Association of Governmental Labor Officials in all respects.

On the other hand, persons who "view with alarm" the deficiencies of these State laws and seek even stricter regulatory provisions may be tilting lances at windmills. The substandard provisions they deplore are perhaps not as decisive and as disturbing as they used to be, for voluntary industrial practices have, in many instances, with agriculture a notable exception, far outstripped the provisions of some child-labor laws enacted decades ago when labor standards were considerably lower than they now are. For example, while in most States today children of 16 can leave school to go to work, more and more employers are voluntarily establishing an 18-year minimum age for employment because they have found younger workers to be undependable, unproductive, and unequipped for current industrial processes. This fact is apparently not being recognized either by those who fear any reexamination of child-labor laws or by those who seek a lowering of the minimum age for employment. Letting down the legal bars to employment would probably not result in a substantially greater number of young people getting jobs in industry. The probability is that more youngsters would be out of school *and* out of work than there are now.

We have come a long way since the turn of the century, when one out of every six children was a child laborer. At that time about 800,000 children between the ages of 10 and 13 were at work, as were 1,000,000 aged 14 and 15. Very small children toiled for 10 and 12 hours a day in mine, mill, factory. Frequently, they gave up sun, air, play, and schooling—and sometimes even life itself—to the job. Such exploitation led to the great reform movements which have made such work illegal through State and Federal laws.

Even now every year a number of youngsters are still found employed in violation of some provision of a child-labor law. However, these offenses frequently result from misunderstanding of a law's provisions rather than from conscious, deliberate attempts to exploit children. Today, except in agriculture and a few other isolated pockets of our economy, child labor is happily a disappearing evil. This statement, which may be challenged by some persons, is based on the facts that State and Federal labor laws, although still deficient in some areas, have generally helped to outlaw for children and young people many of the kinds of employment that are detrimental to their health, schooling, and general welfare; that educational standards have been, and are still being, raised so that children are staying in school longer; that the mechanization of industry and the growth of the economy have raised the entry age in to the labor market.

At the turn of the century the average male made his entrance into the labor force at the age of 14.[1] Today, close to 97 percent of children under 16 years of age attend school.[2] The average young man does not enter the labor force on a full-time basis until he is between 18 and 19 years of age.[1]

As a result of dynamic social and economic changes, the child laborer of yesterday has largely been superseded by the teen-age jobholder of today, who works under much more favorable conditions. The differ-

ence is far greater than chronological age. The child laborer of yesterday worked more then he attended school. For today's teen-agers school is generally the full-time job (again, except for those in agriculture) and employment is a peripheral activity to be engaged in after school and during school vacations.

The diminution of the kind of child labor which existed in the past should not be construed to mean that existing laws should be scrapped or weakened. The welfare of children and young people requires that these laws be kept; strengthened where legalistic loopholes permit abusive practices; modified where they are unrealistic; administered wisely; and effectively enforced by adequately manned and professionally trained staffs. However, in such efforts society's attention should not be diverted from a corresponding need to do all within its power to promote suitable work opportunities for youth of employable age.

Under proper conditions, work experience can have many positive aspects for young people. It can help in the growing-up process of becoming weaned from parental protection and developing self-reliance—an excellent proving ground for moving toward maturity. However, if a job cuts into the adolescent's much-needed sleeping time or study time—jeopardizing either health or schooling—it should be discouraged. If a part-time job leaves the youngster no time at all for extracurricular work at school, or for socializing with his peers, then he will be missing important opportunities in learning how to get along with his contemporaries.

If the part-time job the youngster takes is suitable and well supervised much can be added to his understanding of the world of work and to his own personal development. Through on-the-job experience, he can learn what is required of an employee, the nature of employer-employee relationships, the importance of good work habits and teamwork. He can learn to budget time by recognizing the importance of keeping a schedule and the preciousness of leisure.

Through exploration and discovery, he can get a clearer idea from his part-time job of what his vocational direction may be. He can begin to see the relationship between education and employment. The process of job hunting also provides an important experience. To find a job, a young person must know where and how to look. He must learn how to fill out an application blank and how to behave during the job interview.

In short, part-time job experience gives the youngster a realistic introduction to that major aspect of his life—employment—to which he will devote most of his waking hours and from 40 to 45 years of his

Child labor yesterday and today. Thanks to child-labor laws the little girl at the left, working in a South Carolina cotton mill in 1908, has few, if any, counterparts today. Agriculture is the one remaining area where many under-teen-agers can still be found working during school hours, as is the boy at the right dragging the 35-pound load of cotton.

life. A part-time job in itself, however, will not perform miracles. It will not necessarily persuade the potential dropout to finish high school nor will it "cure" the juvenile delinquent.

School Drop-Outs

The forces that pressure a youngster to drop out of school or commit delinquent acts are complex. Youngsters with such problems bring their maladjustments to the job. Undoubtedly cases can be cited in which an understanding employer helped a young person to make a better adjustment on the job than he did in school. However, there is good reason to believe that a troubled youngster in school will be a troubled youngster on a job. Employment per se will usually effect no marked change in his emotional disturbance; in fact, the employer may be even less tolerant than his teacher.

Yet the belief is widely prevalent that employment is the main solution to teen-age problems. Recently the Subcommittee on Juvenile Delinquency of the Senate Judiciary Committee "viewed with alarm" the lack of job openings for teen-agers, seeing it as a contributing factor in the youth-crime picture. Some persons in their concern to open up more jobs for youngsters regard child-labor laws as the major obstacle to such opportunities. These laws, they say, create "adolescent idleness," which they maintain is one of the major causes of delinquency. Their recommendations to correct this situation range from a "prudent loosening" of the child-labor laws to their complete abolition for persons of high-school age.

These advocates of reducing the restrictions of child-labor laws apparently do not recognize that any attempts to change these laws drastically in the name of opening up more job opportunities for youth would create a whole new set of problems. A weakening of child-labor restrictions will inevitably be accompanied by a complementary weakening of school-attendance regulations since these measures reinforce each other. If a youngster is required to be in school, he obviously cannot be at work during school hours. Yet the demands of our economy, with its increasing technical requirements, call for increasing levels of educational preparation, not less.

Then too, the dumping of youngsters into our complex and competitive labor market without guidance or supervision in choosing and finding jobs could also lead to trouble. Rather than learning discipline and responsibility, teen-agers who are out of school and out of work could increase the incidence of juvenile delinquency.

Even without legislative changes, this problem of unplanned school dropouts already exists. Under present compulsory-attendance laws, most States allow youngsters to drop out of school by the time they are 16. Of the million young people who dropped out in 1955 before completing high school more than half were unemployed, drifting, and discouraged, just waiting for "something to happen," according to the Senate's Subcommittee on Juvenile Delinquency.[3] It has been estimated that the incidence of delinquency in this group is 10 times higher than in the group of youngsters who complete their high-school education. If so many 16- and 17-year-old dropouts are without work, it can be assumed that the release of 14- and 15-year-olds from school, as has been advocated in some circles, would only compound the problem.

Nevertheless, supporters and administrators of child-labor laws should not shrink from reviewing them from time to time, for all laws need to be reexamined. If some specific provisions have become obsolete, or if the laws are unwisely interpreted, changes must be made. Regulations adopted with large cities in mind may be inadequate to meet the needs of young people living in small towns. Administrative procedures may need streamlining. Child-labor laws were designed to promote the well-being of children, not to hamper their development. Where they seem more obstructive than constructive reexamination can very properly be made without undermining their purpose.

Employment Opportunities

In some ways the current controversy about child-labor laws has blotted out other fundamental problems. An urgent one is how to provide more opportunities for desirable work experience for young people from 14 to 17 in an increasingly mechanized economy that has less and less need for their services. Another, just as urgent, is how to bring about the protective provisions of child-labor laws to many children and teen-agers now poorly safeguarded—especially the children of migrant farm workers who move with their parents from one community to another to help in the planting and harvesting of crops.

Attempts are being made by some secondary schools to meet the employment needs of their students by instituting school-work programs through which students spend part of the day at school and part in employment. However, these programs serve only a negligible portion of students. Some schools have also recognized that vocational guidance

and counseling is important in orienting the youngsters toward employment and work experience. Yet a recent survey by the Office of Education, U. S. Department of Health, Education, and Welfare, found that of the 24,000 schools studied only about 4,000, or 17 percent, had someone on the staff who devoted half or more time to vocational-guidance activities.[4] Many of the 19,000 counselors were without specialized training. They were responsible for working with about 3,500,000 students, making the ratio of service one counselor to every 524 students.

Unless our financially starved public schools receive better sustenance, it seems unlikely they can do much to remedy this situation. At present there is an accumulation of unmet needs for vocational-guidance and placement services. Yet it is anticipated that secondary-school enrollments will double in the next 5 years. Since school administrators will have to give top priority to plant and personnel problems, without Federal aid for education the problem will become more, rather than less, acute.

Today only about one-fourth of all students aged 14 to 17 carry part-time jobs. Even during the current period of prosperity more youngsters want part-time and summer jobs than there are jobs to go around. Our culture and economy are narrowing the circle of useful jobs for youth.

Recently the director of a neighborhood community center wrote to the New York Times:

"Every afternoon now after school is dismissed you can see hundreds of boys stopping at store after store and business concern after business concern asking for work. More often than not they reach home footsore, dejected, discouraged, and jobless."

The letter concludes with a plea to public-spirited citizens to assume responsibility for the job needs of its youth.

Some Experiments

In some localities beginning steps are already being taken in this direction. Various agencies are working together with the recognition that youth-employment problems are a community affair, requiring direct action by many groups. Such community projects that have already been launched vary greatly in size, scope, and sponsorship and range from the simple to the complex.

In Washington, D. C., the District Commissioners' Youth Council cooperated with the District Employment Service in developing a "Strictly for Teen-Agers" campaign, officially proclaimed for one specific month. The purpose was to develop odd-jobs pools for the summer employment of teen-agers ranging in age from 14 to 18. The pools were operated by 15 youth-council area boards, using neighborhood recreation centers as their bases of operation. Young people interested in working registered for jobs at these centers. The area boards concentrated primarily on finding jobs for those between 14 and 16, slanting their job-promotion efforts at homeowners and local businessmen. The District Employment Service concentrated on the placement of 16- and 18-year-olds.

Cooperation came from a number of sources. Local business firms sponsored newspaper ads for jobs for boys and girls between 14 and 18 in their own neighborhoods. The National Bank of Washington circularized 50,000 bank patrons, asking them to "make an investment" in teen-agers of their neighborhoods giving them a chance to earn and learn. The odd-jobs pool idea proved so successful in getting summer employment for young people that consideration is now being given to extending the program through the school term to help teen-agers get part-time work the year round.

In Berkeley, Calif., several agencies have organized together a summer work project for 14- to 17-year-old boys. Known as the Workreation Camp, the project operates for 5 weeks during July and August under the administration of the State employment service, with the local board of education and the City of Berkeley jointly providing the finances. It offers the boys 4 hours of paid employment and 2 hours of supervised recreation during a 5-day week. Working in teams of 10 on school grounds and in city parks, the boys clear land, widen paths and trails, replant shrubbery, construct public barbecue pits and build bridges. The response to this program has been enthusiastic. The young people tackle their work assignments eagerly and efficiently. Parents are delighted with the constructive activities the project provides. The city reaps the benefits of civic improvement.

In Oak Park, Mich., a suburb of Detroit, a PTA committee was organized to contact local merchants and businessmen and to survey job possibilities for teen-agers. The survey concentrated on the suburb but also encompassed some sections of metropolitan Detroit. Through PTA efforts a number of young people were placed as packers in supermarkets, salesgirls in various types of stores, and clerical workers in business offices.

In New York City, the Police Athletic League sponsors an after-school job-placement program for

teen-agers of 14 and over. In Waterloo, Iowa, the YWCA, Community Chest, and State employment service jointly organized a youth summer-placement committee which found jobs for 267 youngsters.

In Lynwood, Calif., the Kiwanis Club sponsors a youth-employment agency, as does the Sertoma Club in Phoenix, Ariz.

In Elmira, N. Y., the Rotary Club decided to take steps to assist 14- and 15-year-olds in finding part-time jobs. The original idea was to organize a Rotary placement service. After discussing the proposal with local representatives of the State employment service, the Rotarians decided a cooperative arrangement was more practical and agreed to subsidize the salary of a qualified part-time interviewer who would operate within the employment-service offices. The interviewer's task was to establish liaison with Elmira's high-school counselors, to register applicants, to take job orders and to refer students to suitable part-time jobs. The project proved so successful that after 3 years, the employment service incorporated the service into its regular program.

In a number of cities in Kansas, campaigns, spearheaded by local service clubs and the State employment service, have been carried out to alert communities to the job needs of young people. Participating organizations have been the Chamber of Commerce, Lions, Kiwanis, Eagles, American Legion, and Veterans of Foreign Wars.

In Independence, Kans., businessmen financed five full pages of want ads in the local newspaper—78 ads in all, each featuring a different young jobhunter. These ads appeared in a Sunday edition late in May. Each contained a photograph of the applicant, his name, the name of his school and a brief description of his training and special interests.

In Chanute, Kans., all local employers received a poster and a covering letter from the Chamber of Commerce. The letter asked them to post a sign, which said in bold letters, "We are participating in JOBS FOR YOUTH—a Community Program—Hire a Youth This Summer by Calling the Kansas State Employment Service."

These activities make it abundantly clear that many community resources are available to meet the vocational needs of youth. What is needed is leadership that can mobilize more of them for the development of useful work-experience programs. Whenever and wherever it is recognized that youth-employment problems are a community affair, requiring community action, solutions begin to be found.

In developing suitable programs, sound and tested standards should be observed. These include: provision for a safe and healthful place to work, free of physical and moral hazards; some assurance that the young worker will be treated with sympathetic understanding and respect; good supervision and a chance to develop on the job; full protection of labor and social-security laws; and reasonable working hours. A summer job should not include more than 8 hours a day or 40 hours a week; and a part-time school-supplementing job not more than 3, at the most 4, hours a day. Moreover, the working hours should be so arranged that the young person has adequate opportunities for rest, study, recreation, family life, and personal development.

These goals are achievable, not alone by law, but through the voluntary and cooperative interest and action of employers, unions, schools, parents, community groups, and placement services. Our youth need and deserve this community effort, which should go hand in hand with efforts to encourage young people to get all the schooling they can and to complete at least a full high-school education.

A Grave Problem

In the current controversy over child-labor laws, it would be most unfortunate if the needs of children of migrant farm workers were overlooked. These children are subject to exploitation more than any in the land. In 20 States they can work at any age, no matter how young, and for any number of hours a day, no matter how many, even during school hours. As many as 40 States have no regulations whatsoever for children working in agriculture when attendance is not required in school.

In many ways these children are comparable to the children of 40 years ago who toiled in factory, mill, and mine. The Office of Education has estimated that 600,000 of them are not attending school at all. This is a situation which cries out for correction. It should not be forgotten in the current clamor over existing child-labor laws, which generally exempt them from all protective provisions.

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[1] *New York Times*, November 13, 1955.

[2] U. S. Department of Labor: The U. S. Department of Labor today, 1956.

[3] Youth employment and juvenile delinquency. Report of the Subcommittee To Investigate Juvenile Delinquency, U. S. Senate 1955. Report No. 1463 (p. 7).

[4] Jones, Arthur Julius; Miller, L. M.: The national picture of pupil personnel and guidance services in 1953. The Bulletin of the National Association of Secondary-School Principals, February 1954.

An examination of some socio-legal problems involved in . . .

THE FAMILY COURT

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RECENT YEARS have brought about an accelerated interest in the idea of a family court. This has been partly due to dissatisfaction with current methods of handling divorce and other cases involving domestic relations. It has also grown out of a desire to effect the proper combination of legal and social principles necessary to meet the rising tide of problems symptomatic of family breakdown—delinquency, neglect, divorce, nonsupport and the like. In some communities the obvious need to reduce the variety of courts handling issues concerning spouses and children has provided the momentum.

Nevertheless, the family court concept has been slow in being realized. The actual growth of social institutions and law always lags behind the theoretical base upon which they are built. Contributing to this in respect to the family court is resistance to change on the part of persons on the staffs of present courts and of agencies providing services to the courts who are afraid that their present roles will be upset. Some opposition has also come from the legal profession through judges and practicing attorneys who mistakenly assume that a fundamental conflict exists between social treatment and due process of law in approaching such cases. Some judges of juvenile courts have been afraid that the establishment of family courts would destroy juvenile courts—a result they would bring about only in the sense of structure, for the juvenile-court proceedings would become one of the functions of the family court.

It seems unlikely that the family-court concept will grow until some of the present opposition has been dissipated through better understanding of the full potential of the family-court idea.

An incomplete understanding of this idea has resulted in some places in the hasty creation of various forms of "family courts" and the grafting of marriage-counseling services onto existing courts. These moves have been "hasty" in the sense that the structures and procedures of law and social-work practice have been set up without careful evaluation of the roles they will play. This partial approach has added confusion, increased costs through duplication of services, and, perhaps, postponed the establishment of integrated family courts.

Such confusion has added to the resistance to the family-court concept and has been interpreted as conflict between the legal and social points of view. This conflict, more imaginary than real, stems not from a clash of principles, but from the limitations to the development of some of these principles and a lack of understanding of their full implications. Both the legal and social-work professions need to evaluate and recognize the contribution each can make to bringing about a truly integrated family court. Thus they can lay a basis for reshaping and refining the judicial and social-service processes

Examination of court operations as they affect children is a continuing process within the Children's Bureau. Therefore readers' comments on the points made in this article are particularly invited.

necessary for the informed handling of the many cases needing the court's service.

Through a statement of the function and philosophy of the family court as they see it and a discussion of some of the issues involved, the present writers hope that they can help to dispel some of the confusion that stands in the way of a true realization of the family-court concept. They would also like to point out that while a family court as described in the following pages would be a desirable agency for every community, whether it is readily attainable for any particular community depends on a variety of factors, including the community's receptiveness, the availability of the professional staff required, and the present structure of the judicial system.

What Is a Family Court?

The three primary elements distinguishing the family court from other courts are: jurisdiction; the use of modified and special procedures; and the use of information secured by independent study—that is, material gathered by a person attached to the court but not a party to the proceedings, thus assuring impartiality of the report.

The family court differs from the traditional juvenile courts and domestic-relations courts chiefly in jurisdiction. All juvenile courts and domestic-relations courts, as well as some other types of courts, have jurisdiction over issues which would be within the family court's jurisdiction; but none of these courts have jurisdiction over all the issues that would necessarily come within the purview of the family court.

A family court should have jurisdiction over:

a. Children alleged to have violated any State law or municipal ordinance or to be habitually incorrigible.

b. Children alleged to be neglected.

c. Proceedings for termination of the legal parent-child relationship.

d. Adoptions.

e. Proceedings for appointment of a guardian of the person.

f. Proceedings to determine disputed or undetermined custody of a child.

g. Petitions by a parent for a change of legal custody.

h. The transfer of legal custody of children alleged to be mentally defective or mentally ill.

i. Actions against parents or others charged with desertion or abandonment of a child.

j. Actions against parents, or other adults having a continuing relationship with a child, who are alleged to have committed an act forbidden by law or ordinance or to have failed to perform an act required by either with respect to the child.

k. Actions for support, including support of minors, spouse, parent or other relative, and children born out of wedlock, including actions under the Federal Uniform Reciprocal Enforcement of Support Act.

l. Proceedings to establish paternity.

m. Charges of simple assault and disorderly conduct involving members of an immediate family unit.

n. Proceedings for divorce, annulment, separation.

o. Proceedings to confer rights of majority on a minor.

p. Actions under the Interstate Compact on Juveniles.

While the family court adheres to basic legal principles and proceeds in a way which assures due process, it does so in an informal manner rather than through adherence to traditional rules of criminal and civil process. Moreover, through its screening procedures the family court in some cases exercises its power to determine whether court action is appropriate or whether the case should be referred to another agency in the community. Therefore the community must make available a variety of services and facilities if the court is to be fully effective.

Through the tool of independent study the family court, within the framework of due process, calls on the knowledge known to the medical and behavioral sciences in reaching its decision. This means it must have specialized staff trained for gathering and interpreting such material.

Why a Family Court?

The need for change in court jurisdiction, structure, and procedures is indicated not only by the increase in divorce, delinquency, and neglect, but also by years of experience in handling cases of these types, a more systematic review of this experience, and greatly increased knowledge of human behavior. In most of our communities today any examination of the judicial structure and processing of cases involving children or marital problems will provide strong arguments for the placement of jurisdiction over all such cases in one court. In some communities the types of actions outlined on this page may be heard in two or three courts. In others, especially our larger metropolitan centers, they may be divided among six or seven different courts.[1]

People in need of court services often do not know to which court they should turn. Each court may have different policies and procedures, resulting often in inconsistencies in handling or in ultimate decision. The question of jurisdiction itself may involve a complicated, time-consuming decision.[1] In many instances, each of the courts operates quite independently of the other and as a result two or more courts may simultaneously be working at cross-purposes, each unaware of the current or previous action of the other. The wastefulness of such an arrangement is obvious. Neither the interests of the parties in the case nor that of society are effectively served.

At the present time there is, and undoubtedly for some time to come there will be, a serious shortage of qualified staff to operate existing court programs properly. While this problem cannot be solved merely through changes in judicial organization, the concentration of available staff in one court would permit its more effective use by reducing administrative costs, promoting better supervision and greater coordination of effort, eliminating duplication, creating a better opportunity for interchange of ideas, and determining priorities in expanding and developing services.

Specialized Services

Often children are pawns in bitter custody battles in which their interests are overlooked as parents fight to get even with or punish each other. In most divorce cases, even in uncontested cases, the court has no way of knowing whether the petitioning spouse is a proper person to have custody of the children. Yet, as a rule the petitioning spouse is given custody on the assumption that he is not at fault. Controversies with respect to the right to visit children, support, and custody often continue for long periods. If children are to be adequately protected, all of these determinations call for objective knowledge about the case through the use of independent studies.

The court handling cases involving children should constantly have in mind the rights and responsibilities of parents since these are paramount in our society. The State can enter into a family situation only when it becomes apparent that the parents have been unable to carry out their responsibilities. However, the court must also remember that the community has a responsibility to protect children and to assure that they are properly supported. Therefore, in the interest of the public as well as the children, the judge needs all the relevant information he can get from a person not involved in the proceedings and qualified by training and experience to secure it objectively.

Since family-court jurisdiction includes all cases usually handled by a juvenile court, it needs the same services which are deemed necessary for the effective operation of a court for children. These include social, medical, psychiatric, and psychological services; as well as specialized facilities, including diagnostic centers, shelters for detention and temporary care, and various types of foster homes. These must either be a part of the court structure or of community agencies to which the court has access. Since both the use and organization of such services in children's court have been covered elsewhere,[2] they will not be discussed here.

Since the family-court jurisdiction includes among other actions divorce, annulment, separation, and problems relating to custody, support, and visitation of children, the question arises: what kinds of services in addition to those available to a juvenile court does it need? Marriage counseling is probably the only different type of service a family court requires. However, there should be a difference in the use of specialized services in certain domestic-relations cases, such as divorce or annulment, from their use in juvenile-court proceedings.

Little has been written thus far about when and how such services can be utilized effectively in the court process without violating legal principles or due process of law. The use of these services must be woven compatibly with legal principles and process if the court is to take full advantage of the contribution of the social sciences and at the same time maintain the judicial system basic to our society.

Specialized services might make a contribution to the handling of divorce cases in two ways. One would be by providing *social studies* to guide the court's decisions regarding custody, visitation and support in order to protect the interests of the parents and children as well as society. The other would be by providing *marriage counseling* prior to the granting of a divorce.

Social Studies

The function of social studies in certain types of domestic-relations cases such as custody, support, and visitation is similar to their function in children's courts—that is, to guide the court in making decisions in which the interests of children, parents, and society are directly involved. Contrary to another expressed

point of view,[3, 4] the writers of this article believe that the social study should not be used by the court in determining whether a divorce, annulment, or separation should or should not be granted since such use would conflict with sound judicial process and legal principles.[5]

Grounds for Divorce

Examination of the legal aspects of marriage and divorce is necessary to show the reasons for this position. In our society marriage is regulated by law. The conditions under which marriage can be dissolved are also determined by law. While considerable difference in what constitutes grounds for divorce exists among the laws of the various States, all States granting divorces use statutory grounds as the basis for the action. In other words, one party has a legal right to divorce if he can prove that certain statutory grounds exist.

In spite of the many recognized weaknesses in present divorce laws and procedures, statutory grounds must be recognized as the only realistic and acceptable basis for the termination of the marriage contract in the United States today. What would be the alternatives?

One alternative would be for society to allow divorce to become a purely personal decision between a husband and wife.[6] This would seem to be poor social policy for the United States. It would lead to a definite weakening of the family as the unit of society and would certainly not provide adequate protection for either society or the parents and children involved.

The other alternatives would be to change divorce from a matter of right under certain statutory conditions, to a matter of the court's discretion. Under this proposal, with or without the recommendations of specialist personnel, the court would decide whether or not the divorce should be granted.[7, 8] The dangers here are that under this system the granting of a a divorce could become dependent wholly upon the personal attitude and conviction of the judge, or the judge and his staff. Few people would want to put themselves in the position of having their right to a divorce depend upon whether a single individual thought it would be good or bad for them.

The existence of statutory grounds for divorce means that the granting of divorces does not rest on what an individual thinks is best for all concerned, but on a showing that the statutory grounds exist. Therefore, the social worker's role (or the role of other personnel used to make social studies) should not be to help the judge decide if the divorce should be granted. In fact, the social study should not be used in the adjudicating process until *after* the decision about divorce has been made and collateral issues such as custody and support are being considered.

This does not imply that society should not be concerned with the preservation of marriage and family life. It does imply, however, that its concern might be better expressed in other ways, such as by tightening requirements for marriage, giving better preparation to young people for family life, and making marriage counseling services available when problems first begin to appear.

In some States legislation has been introduced to provide for independent investigations before the decision on divorce to determine whether collusion exists in such actions. Such investigations, if necessary, should be the function of a person trained for such purposes and not the function of a social worker.

Use of Social Study

The use of social study in custody cases raises a difficult question. To what degree does society need to intervene in custody problems?

Requiring social study in all custody determinations would be to assume that all parents seeking a divorce were incapable of planning for their children. The fact that two people cannot get along as man and wife does not necessarily mean that they are not concerned about their children and are incapable of arriving at a custody agreement which would be in the children's best interests. When parents have the capacity to plan adequately, society, as represented by the court, should acknowledge that capacity. On the other hand, some safeguards must be established to assure protection of the children and the community.

Cases coming before the courts provide clues for a differential use of the social study in custody determinations.

When custody is contested, a social study should be mandatory to enable the court to have adequate information for determining which, if either, parent should be granted custody or whether it should be given to another person or to an agency. The decision that neither parent should be granted custody should be made on essentially the same basis as removal of a child from his parents in a neglect proceeding—their inability to meet minimum standards of parental responsibility.

Agreements as to custody submitted to the court by

the parties in a divorce action should be given every consideration and should be approved unless there is some indication that the parent to receive custody is unable to meet minimum parental standards. In cases involving agreement by default, in which the court has reasonable grounds to question the fitness of the parent to receive custody, the court should have the power to order a social study. All custody cases, therefore, including those where an agreement has been presented, should be carefully reviewed by the court. This review should include a search of the court's records for past contacts with the family, the use of information from social-agency contacts, and an evaluation of the information brought out at the divorce hearing, as well as of the parents' plans for the care of the children involved.

The court should be permitted to review the necessity for a social study in regard to other aspects of the case, such as support and visitation, at the same time it is reviewing custody. For these purposes it should be authorized to use any information about the family at its disposal, including information from its own files arising out of previous proceedings, such as those involving delinquency or neglect.

Since the family court includes the jurisdiction of the juvenile court and since the use of the social study in certain domestic-relations issues such as custody and support is essentially the same as in the juvenile court—as informational background for making a judicial determination—the specialist personnel making social studies should be administratively attached to the family court, as is recommended for juvenile courts.[2] Moreover, since the judge relies upon information contained in the social study when making a decision and since the parents are entitled to know the basis of the decision, that information should also be available to the parents.

Marriage Counseling

The term marriage counseling is used here rather than conciliation or reconciliation since it more accurately describes the nature of the service required. Its function is more than, and may be different from, bringing about compromise or reconciling two points of view. As Judge Paul W. Alexander of Toledo, Ohio, points out, marriage counseling is not a process where "fools rush in, knock the couple's heads together, and proudly send them home 'reconciled,' "[9] but rather a treatment process which often continues for many months.

Factors contributing to divorce are often complex and hidden. Frequently, the causes given are only the symptoms of deep-seated problems. Moreover, "where marriage counseling is involved, whether by a social worker within the general framework of casework, or by members of the other professions most usually involved—psychology, sociology, medicine, or psychiatry—it is generally recognized that special skills, background, and experience over and beyond routine graduate professional training are required for adequate and successful performance on the part of the marriage counselor.[10]

Some persons have advocated that the parties in a divorce action be required to submit to marriage counseling prior to the filing of a divorce petition or that a divorce be granted only after such services have shown that a marriage could not be saved.[10, 11]

Few people would question society's interest in a problem as serious as divorce, but for several reasons it is questionable whether society should regard the divorce problem of such a nature as to warrant the intrusion upon personal privacy through compulsory counseling. The questioning relates partly to the aforementioned statutory right to an action for divorce in our society and to the methods by which society can most effectively preserve family life. However, it also involves some additional points.

Because it eliminates the screening of cases for treatment, compulsory counseling is extremely wasteful of staff time, usually not even sufficient to meet the voluntary demands for counseling.

Persons who seek counseling voluntarily are more likely to be those who are interested in preserving their marriages and therefore to be those having a better treatment potential. Where counseling services are available for voluntary use, the imposition of compulsory services as a prerequisite to court action would appear to require a compulsory acceptance of an unwanted service. Moreover, the denial of immediate access to the court by requiring submission to compulsory marriage counseling may raise a serious constitutional question.[12]

Information secured from the parties during the marriage-counseling process should, unlike that in the social study, be privileged—that is, immune to disclosure without consent of the party providing the information. Thus its use in the court hearing, unless assented to by the parties, would be prohibited. This protection is necessary, for many persons would be reluctant to enter into the marriage-counseling process if the information divulged could be used against their interests.

Some persons advocate placing marriage-counseling services in the court. One argument for this

viewpoint is that at the time when a divorce is applied for society has the first real indication of family breakup. Another argument is that courts are in a better position than other agencies to get money to finance such services. Another is the ability of the court to use its authority in bringing about use of marriage counseling. Still another argument is that since the court has specialist staff to make social studies it should also provide marriage counseling. All these arguments are open to serious question.

A Community Service

There are compelling reasons why marriage counseling should be placed *outside* the court:

1. Marriage counseling is not related to the judicial function as it is not used in the adjudicating process.
2. In a number of communities it is already being provided by other agencies. In many others, agencies exist which could provide an appropriate setting for this type of service.
3. People should not have to resort to legal process to secure marriage-counseling service.
4. Since in many cases divorce is a symptom of a home already broken, obviously marriage counseling should be available to people long before they are at the point of taking legal action. In fact, helping people to meet domestic-relations problems, also requires the availability of premarital and post-divorce counseling as parts of a comprehensive marriage-counseling program which can be provided by one staff. To require people to apply to the court for a service which may have no relation to court action, or to duplicate a service already in the community are both undesirable alternatives.
5. The judicial and administrative functions, which are the essential responsibilities of a family court, constitute a large and difficult task. Every attempt should be made to avoid burdening the court with extraneous functions.
6. People who might make use of marriage counseling available elsewhere in the community might resist the idea of going to a court for such help.
7. A marriage-counseling service having broad community sponsorship could expect greater financial support and have a wider base upon which to build community interest than one established as merely another division of judicial structure. The court can and should assume responsibility for pointing out the need for such a service and for supporting its development in the community.
8. Separation of marriage-counseling services from the court process should lead to clarification of the functioning of the family court in relation to that of other agencies in the community.
9. The attachment of marriage counseling to the court complicates the problem of privilege in the information obtained in the marriage-counseling process. If the same worker or agency provides marriage counseling and also does the social study for the court, a serious problem of professional identity is raised for the worker. If marriage counseling is to be effective the clients need to know and accept the fact that the information they give is confidential. Can they be expected to believe this if they know the same worker or another worker on the court staff is going to present a report to the court upon which the judge may make a decision about custody, support, or visitation?

While marriage-counseling services should be provided by a nonjudicial agency and the use of such services should be voluntary the court process in handling divorce should provide for exploratory interviews with a twofold purpose: (a) to acquaint both spouses with the personal, social, and economic problems which they and their children may have should a divorce be consummated; (b) to provide them with information about resources which might help them meet their problems and to assist them in referral to the appropriate agency. While this procedure might require several interviews and is comparable to the preliminary screening process at intake in the juvenile court, it should not be confused with marriage counseling.

The Role of the Attorney

In our society persons facing a loss of rights (whether property, freedom, or custody of children) need the help of a person who has an understanding of law and legal principles and procedures, to guard their legal rights and to present their case in court in the most favorable light. Because of his training, the attorney has traditionally filled this role. Of almost equal significance is the advice attorneys give clients which may eliminate the necessity for court action.

Any innovation in court procedure entailing the court's use of facts gathered independently by persons who are not involved in the courtroom procedure is a departure from tradition and might be looked upon in some quarters as supplanting the attorney. Actually there is no valid foundation for this concern. No amount of independently collected

and evaluated background material could replace the need for the attorney in insuring the safeguarding of legal rights.

If the specialized services of the court are constructed and used as suggested here, little if any change would take place in the traditional role of the attorney in court—certainly none as far as his role in relation to the divorce action is concerned. In regard to the collateral issues, such as support or custody, attorneys would have the benefit of the information contained in the social study. This should shorten the hearing process and enable the court to make a decision on the basis of objectively presented and evaluated information, taking into consideration the general welfare of the children involved. Most attorneys would probably favor these results.

Actually an attorney can increase his contribution to many of his clients by referring them to appropriate community services for guidance or other help before they get to court. When a troubled spouse comes into his office an attorney can, in addition to considering the legal problem his client faces, also give (and many do) real help in regard to the client's personal problems. He can act as a buffer against an ill-advised, hasty decision made under emotional stress by discussing the social and economic implications of the client's request; and then can refer the client to his family pastor or doctor or to any agency providing marriage counseling. Since this type of service involves a considerable expenditure of time, the attorney may expect a reasonable fee for it.

Attorneys are becoming increasingly aware of the social problems involved in divorce actions and are making greater use of community agencies. Many would welcome and use a marriage-counseling service for their clients. Referral procedures should be developed jointly by the agency providing the service and the local bar association. Such procedures should, among other arrangements, provide for the agency's notifying the attorney of whether the case has been accepted or not, and for referring the client back to him for legal service at any point necessary and for notifying the attorney in regard to the outcome of the case.

In Summary

Pressing legal and social reasons call for the establishment of family courts. The legal arise from the need for a more effective judicial organization for the administration of justice in relation to interpersonal family problems. The social grow out of society's concern for the protection of children and family life and recognition of the need to use the scientific knowledge and skills available to accomplish these objectives.

It seems doubtful whether much progress will be made until the various professional persons involved—judges, social workers, attorneys, doctors, and others—more carefully think through the issues and problems involved, some of which were presented in this article. In moving toward the establishment of a family court, it is important for a community to give careful thought not only to immediate problems, but also to long-range objectives, including the development of the broad, comprehensive, and coordinated community programs which are necessary to strengthen family life and thus to solve at least in part, the serious problem which divorce presents in our society.

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PROJECTS AND PROGRESS

A Report From Camp Kilmer

Exactly 24,512 Hungarian refugees—including about 4,300 children under 15—had arrived at the Joyce Kilmer Reception Center at Kilmer, N. J., by February 11, 1957. Of these, 23,153 men, women, and children had already departed from the center for homes and jobs throughout the United States; 1,359 were still in the center waiting for completion of resettlement plans.

Most of the children who pass through the center are with their own parents or close relatives. There are no small orphans among them. There are, however, a number of unaccompanied adolescents, aged 15 to 18, who were participants in the fighting in Hungary and are here seeking asylum. Some are on their way to join relatives or friends, but others have no connections in this country. In their ways they seem much older than young people of comparable ages in this country.

The process of clearing and preparing the refugees for departure to normal American communities is carried on by a number of governmental and voluntary agencies, which are provided with office space and other facilities by the United States Army. Coordinating their efforts is the President's Committee for Hungarian Refugee Relief.

The Army provides food and sleeping quarters for the refugees while at the center, as well as emergency medical, dental, and hospital care. Although the barracks are makeshift quarters for family life, they are clean, and sleeping compartments are curtained for privacy. Every barrack has a Hungarian-speaking GI ready to interpret and help. Amenities have also been provided, such as high chairs for toddlers in the cafeteria, warm water to bathe babies, English classes, a school for younger children, and a gymnasium for the teen-age volley-ball and soccer enthusiast.

Few people stay in the center more than 10 days. On arrival each refugee is examined by doctors of the Quarantine Service of the Public Health Service, U. S. Department of Health, Education, and Welfare, and is interviewed by representatives of the Immigration and Naturalization Service, Department of Justice, and of the Bureau of Customs, Department of the Treasury. Each prospective wage earner also sees a representative of the U. S. Employment Service, Department of Labor, who works out an appropriate job classification for him, following which a representative of the Social Security Administration, Department of Health, Education, and Welfare, issues him a social-security number.

Two children at Camp Kilmer

Final plans for settlement, however, are made by the national voluntary agency which has agreed to sponsor the refugee. The agency tries to match the refugee's training, experience, and wishes with offers of jobs and housing. The national sponsoring agency also arranges for transportation to the place of resettlement and accepts responsibility for helping the refugee and his family should the local job-offerer renege on his offer.

The voluntary organizations have also taken on the responsibility of supervising and finding homes for the unaccompanied adolescents. About 60 of these have already been placed with relatives or with non-related families who are providing for their maintenance. Most of them are planning to resume their high-school or college studies. Arrangements for university scholarships are made through a subcommittee of the President's Committee for Hungarian Relief, assisted by the Institute for International Education and World University Service, an arrangement set up to channel the offers of scholarships which have been received from educational institutions. In many of the adolescent placements the national sponsoring agency has arranged with a local voluntary welfare agency to carry on continued supervision, with the national sponsoring organization standing ready to take over responsibility should a breakdown in plans occur.

Those agencies accepting the load of sponsoring responsibility are: Church World Service, International Rescue Committee, Lutheran Refugee Service, National Catholic Welfare Conference, Tolstoy Foundation, United HIAS Service, and the United Ukrainian-American Relief Commission.

Cooperating agencies with representatives at the center include: The AFL-CIO; American Red Cross; Hungarian National Council; National Academy of Sciences; New Jersey Governor's Committee for Refugee Relief; and the World University Service.

Besides the Federal agencies already mentioned, the Department of State and the Department of Health, Education, and Welfare (as a whole) are also represented at the center. The latter calls on its operating agencies—such as the Children's Bureau, Public Health Service, Office of Education, Office of Vocational Rehabilitation, and Bureau of Public Assistance—to help plan for meeting the human problems which arise.

Among these problems are health problems which occur in any normal population group but which are not usually present among newly arrived quota immigrants, who have had to pass rigid medical tests before being allowed entry. Since some of the normal immigration procedures have been waived for the Hungarians brought to Kilmer (who thus are "on parole," as aliens without status) some of them have turned out to have illnesses, such as tuberculosis, requiring prolonged hospitalization. In order to prevent members of a family from being separated by long distances through resettlement in one area and hospitalization of a sick member in another, plans have been worked out for arranging for

hospital care of sick persons in or near the community of their family's resettlement. In such instances hospital costs are paid by the Immigration and Naturalization Service.

This is but one illustration of the efforts made to keep families together. Unaccompanied adolescents who are brothers and sisters are placed with the same foster families, if possible. Even the selection of universities for scholarship students is related to the housing and resettlement plans of their parents.

Everything does not always work out as planned. A few refugees have come back to the center after a short period of resettlement, with tales suggestive of exploitation—such as the young pregnant widow whose local sponsor insisted she give up her baby for adoption. A handful of refugees have already been returned to Europe at their own or this Government's request. But such occurrences have thus far been rare, and on the whole the atmosphere at the center is one of optimism and hope.

—Martin Gula

Safety

Studies of accidents occuring to children and youth are part of a comprehensive program for accident prevention planned by the Public Health Service, U. S. Department of Health, Education, and Welfare. The program was created at the beginning of the current fiscal year to take the place of a more restricted program on prevention of home accidents. Other units of the Department cooperating in the program are the Children's Bureau, the Office of Vocational Rehabilitation, the Food and Drug Administration, and the Office of Education.

Concerned with the basic factors in the causes and prevention of accidents, the program includes collection and analysis of data; training of persons concerned with accidents, such as the staffs of local health departments; information services; experimental and epidemiological studies; program demonstrations; consultation to official and voluntary agencies; and aid to health departments in evaluating and setting up statistical procedures. Special attention is being paid to safety in housing. . . .

Under Public Law 930, passed by the 84th Congress, the Secretary of Commerce is to set up commercial standards for safety devices that will make a refrigerator door easy to open from the inside. The standards are to be established by August 1957. Fifteen months after that it will become unlawful to ship in interstate commerce any household refrigerator not equipped with a device conforming with them.

Health Protection

A group of pediatricians from more than a dozen States recently established a nonprofit organization, the National Council on Infant and Child Care, Inc., to offer counsel to those who disseminate information concerning health and medical care of infants and children.

In its statement of principles and purpose the Council says that it recognizes the natural interest of the public in medical information and will strive to replace confusing, misleading, or irresponsible information with appropriate, valid material. The Council describes as its functions: to provide pediatric information to medical-science writers; to review lay articles on pediatric subjects before publication, when requested, and afterward when such action seems needed; to consult on planned advertising of products for use in pediatric care and to evaluate advertising already published; to publish appropriate material; and to foster effective medical, industrial, and public relationships for improvement of all phases of infant and child care.

The Council has adopted a set of basic principles to guide manufacturers, advertisers, and writers and editors in presenting material concerned with child health to the public.

Backed financially by a number of industries making nutritional products for children, the Council is also seeking support from a foundation.

Refugee Children

The International Union of Child Welfare has established a special delegation in Vienna to stimulate and coordinate the relief efforts of its member organizations in behalf of Hungarian refugee children in Austria and to collaborate with other international organizations in this work. The program has included the establishment of reception centers for mothers and children, the assumption of maintenance responsibility for 3,000 mothers and their children, the gathering and distribution of supplies, and the launching of a "sponsorship" program—a fund-raising campaign based on an appeal for individual financial support for each child. More than 25 membership organizations from as many countries have either already contributed to this work or have announced their intention of doing so. In distributing the contributions it receives in cash or in kind the Union works closely with its Austrian member, *Rettet das Kind*, which is playing a leading role in the relief activities.

The Union is also making efforts through the International Committee of the Red Cross to find ways of getting relief to children inside Hungary and of helping children affected by the recent conflicts in the Middle East.

Adoptions

A father and mother's long-continued failure to visit their children in foster homes, without a satisfactory excuse and under circumstances that indicated a settled purpose to forego all parental rights and responsibilities, constituted abandonment of them, in a ruling of a Surrogate's Court in Brooklyn, N. Y., October 25, 1956. On this ground the court appointed guardians for a brother and sister, 12 and 11 years old. Furthermore, the court held that since New York State law provides that the consent of a parent who has abandoned a child is not necessary for the child's adoption, such consent would not be required for the adoption of these children. Evidence was presented that both children had been living in foster homes since infancy and had seldom been visited by their parents. At the time the petition, brought by two social agencies, for appointment of guardians was heard by the court the boy had last seen his father in 1947 and his mother in 1949; the girl had last seen her mother and father in 1954.

The court pointed out "that the procedure established in this case will serve as a guide to the Department of Welfare of the City of New York to the adoption of hundreds of helpless children who have been abandoned by parents."

Professional

An examination for specialists in social work is being held by the Board of U. S. Civil Service Examiners, Children's Bureau, U. S. Department of Health, Education, and Welfare. No

closing date has been set. Child-welfare, research, juvenile-delinquency, and medical social-work positions in the Children's Bureau will be filled from this examination, as well as medical social-work positions in the Public Health Service and in the Bureau of Public Assistance.

To qualify, applicants must have successfully completed 2 years of graduate study (1 year for research positions) in an accredited school of social work. They must also have had appropriate experience in the field for which they apply. No written test is required. The beginning salaries for these positions range from $6,390 to $8,990 a year.

Applications should be sent directly to the Board of U. S. Civil Service Examiners, Children's Bureau, U. S. Department of Health, Education, and Welfare. Full information regarding the requirements and how to apply is contained in Announcement No. 91 B, which may be obtained at many post offices, or from the U. S. Civil Service Commission, Washington 25, D. C.

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Here and There

Fourteen States and a Territory enacted legislation in 1955 and 1956, adopting the Interstate Compact on Juveniles, recommended by the Council of State Governments. The purposes of the compact are to permit: (1) the supervision by the authorities of one State of juveniles placed on probation or parole by another; (2) the detention and return of juveniles, whether delinquent or not, who have run away across State lines; (3) the cooperative care and treatment of juveniles found delinquent in one State in specialized institutions in another.

. . .

Children in Alaska will soon benefit from the Department of Agriculture's Special Milk Program, which was recently extended to the Territory. This action was taken by the Department after studies carried out by its Alaska Experiment Station showed that milk consumption by school children in Alaska could be materially increased by making milk more readily available at reduced prices. Children eligible to take part in the program include those in schools, nursery schools, settlement houses, summer camps, and other nonprofit child-care institutions. The program will be administered by the Alaska Department of Education.

. . .

The Child Study Association has announced the beginning of a 3-year research project on social science and parent education, sponsored jointly by the Association and the Russell Sage Foundation. The Association has also begun publishing a newsletter entitled "Parent Education Exchange Bulletin," which presents information from many sources on parent-education activities.

IN THE JOURNALS

Accident Prevention

A 3-year community drive to stimulate prevention of accidents among children is described in the *New England Journal of Medicine* for December 27, 1956, by R. Gerald Rice, M. D., George W. Starbuck, M. D., and Robert B. Reed, Ph. D. Initiated by the Massachusetts State Department of Public Health, sponsored by the New Bedford Medical Society and a local hospital, and financed by a private foundation, the program was carried out in four communities known as Greater New Bedford. Physicians, hospitals, schools, public-health nurses, and the police reported accidents among children up to 16 years of age to the program director. The accidents were investigated and analyzed statistically, and the facts publicized.

Among the follow-up steps taken in the community were: creation of a hospital poison-information center, a bicycle-safety program in the schools, a YWCA safety course for teen-age babysitters, a parent-teacher project on home accidents, and a program of safety instruction for nurses; and expansion of swimming and boating instruction by municipal-beach authorities and others. Physicians were given safety literature including home-safety check lists.

Unmarried Mothers

One of the first steps toward solving the complex problem of providing help to unmarried mothers is to spread the information that professional help is available, says Nancy B. Johnston in *Social Casework* for December 1956. ("A Few Comments on Unmarried Mothers.") We still do not know how the community can plan so that every unmarried mother may be offered help at an appropriate time and in an acceptable way, the author maintains.

Reporting on a study of 73 mothers of babies born out of wedlock in a tax-supported hospital, she notes that most of the young women knew nothing of resources for help, and nearly all came to the hospital late in pregnancy. Only 6 of the 73 had had any contact with a social agency; only 28 had received prenatal care.

Hospital social workers had little time to establish relationships with the mothers—the average stay after delivery was only 3 days—and 44 of the 73 mothers left the hospital without accepting the casework service offered. However, says the author, from our brief contacts with this group we feel certain that many of them would have welcomed guidance and counsel before the point of crisis arrived if they had known that such help was available.

To Foster Happy Families

Physicians, nurses, and health educators should recognize that routines can be adapted successfully to meet the needs of mothers and babies, says Hazel Corbin in the January 1957 issue of *American Journal of Nursing*. Discussing various types of needs, the author, who is general director of the Maternity Center Association, New York City, maintains that the time is ripe for an interdisciplinary program designed to insure not only physical health for the expectant mother and her child but also achievement of a happy family relationship and warm, secure bonds between parents and children.

BOOK NOTES

DELINQUENCY; the juvenile offender in America today. Herbert A. Bloch and Frank T. Flynn. Random House, New York. 1956. 612 pp. $7.95.

Part 1 of this book by a professor of sociology and a professor of social work discusses the meaning and scope of delinquency. Part 2 analyzes efforts to discover principles that would enable persons who work with delinquents to understand how various conditions lead to delinquent behavior. Part 3 considers treatment agencies—the police, detention facilities, the juvenile court—and methods of treating young offenders who are over juvenile-court age. Part 4 reviews some programs aimed at preventing delinquency.

Two appendices analyze the case histories and treatment of two delinquent boys of very different social backgrounds. One showed signs of considerable improvement at the end of a period of parole supervision; the other was recommitted to a training school after carrying out new crimes during parole supervision.

THE PSYCHOANALYTIC STUDY OF THE CHILD, Vol. XI. Edited by Ruth S. Eissler and others. International Universities Press, New York. 1956. 470 pp. $8.50.

The 19 papers included in this volume are divided into four sections: "Theoretical Contributions," "Normal and Pathological Development," "Clinical Contributions," and "Applied Psychoanalysis."

PHYSIQUE AND DELINQUENCY. Sheldon and Eleanor Glueck. Harper & Bros., New York. 1956. 339 pp. $6.

Based on data collected by the authors on 500 delinquent and 500 nondelinquent boys reported in their "Unraveling Juvenile Delinquency," this book relates the information statistically to the boys' body builds, classified into four types: mesomorphic (bone and muscle physique); endomorphic (soft, round physique); ectomorphic (linear, fragile physique); and balanced. In the light of what they regard as the special needs of boys of each type, the authors offer suggestions for fulfilling these needs in four areas: family life; schooling; use of leisure; and psychotherapy for both delinquents and nondelinquents.

SPEECH DISORDERS; principles and practices of therapy. Mildred Freburg Berry and Jon Eisenson. Appleton-Century-Crofts, Inc., New York. 1956. 573 pp. $6.75.

Aiming to present comprehensive and systematized knowledge of the chief disorders of speech, the author of this textbook explain the physiological and psychological bases of speech and set forth in detail methods of testing and habilitating children with various forms of speech defect. Among the groups of children considered are: stutterers; cerebral-palsied children; children with cleft palate; and children whose speech defect is associated with impaired hearing.

The book is addressed mainly to students beginning major study in the field of speech correction. Current research is referred to throughout for the benefit of advanced students, and the authors express the hope that doctors, nurses, psychologists, and parents of speech-handicapped children will find the book valuable.

A BELIEF IN PEOPLE; a history of family social work. Margaret E. Rich. Family Service Association of America, 192 Lexington Avenue, New York 16, N. Y. 1956. 190 pp. $3.50.

This book reviews the development of family service societies in the United States from their early beginnings in the charity-organization movement 75 years ago, through their increased efforts toward improving their skill in serving people—which led to the establishment of schools of social work and the growth of the social casework profession—to their present multipronged concern with the provision of casework service to individuals and families, community education on family life, and leadership in the development of sound social-welfare programs. Throughout, the story is told from the vantage point of the societies' national membership organization, once the National Association of Societies for Organizing Charity, later the Family Welfare Association of America, and now the Family Service Association of America. Several chapters tell of the part played by the Association in meeting the social emergencies of the depression, wartime, and postwar years.

The author, who died a few weeks after completing the manuscript, participated in a professional capacity for nearly 50 years in the movement she describes.

EPILEPTIC SEIZURES; a correlative study of historical, diagnostic, therapeutic, educational, and employment aspects of epilepsy. Edited by John R. Green and Harry F. Steelman. Williams & Wilkins Co., Baltimore. 1956. 165 pp. $5

Seventeen papers presented at the joint meetings of the Seventh Western Institute on Epilepsy, the Western Society of Electrocephalography, and the Arizona chapter of the American Academy of General Practice are the basis for this symposium on epileptic seizures. Addressed to general practitioners, internists, pediatricians, medical students, educators, employers, and parents, the contents consider the diagnosis and treatment of epileptic seizures and the social, educational, and employment problems involved in rehabilitation of epileptic patients.

OTHER PEOPLE'S CHILDREN. Anna Judge Veters Levy. Ronald Press Co., New York. 1956. 287 pp. $3.75.

The author, a juvenile-court judge for a number of years, describes 14 cases that she considers representative of those that came before the juvenile courts of the country. The cases selected show how complex the situations in such cases are. One arose from a child's resistance to adoption, and others from adult-child sexual relationships, heterosexual and homosexual. Others center around victims of cruel treatment by parent, foster parent, or stepparent.

The author acknowledges the shortcomings and difficulties of juvenile courts, but she considers the future

of these courts promising. She notes as their greatest need an adequate number of probation officers qualified by training, experience, and temperament to perform their difficult task.

Written in popular style, the book calls attention to the need for improvement in court and community services.

PROBLEMS OF FAMILY LIFE AND HOW TO MEET THEM. Edited by Maxwell S. Stewart. Foreword by Ernest Osborne. Harper & Bros., New York. 1956. 227 pp. $3.50.

Composed of a group of popular pamphlets originally published by the Public Affairs Committee, this book includes, among others, chapters on family planning, mixed marriages, working mothers, special problems with children, broken homes. The book is addressed to family members, and "all whose responsibilities bring them in contact with people who are first of all husbands, wives, and parents."

SLOW TO TALK; a guide for teachers and parents of children with delayed language development. Jane Beasley. Bureau of Publications, Teachers College, Columbia University, New York. 1956. 109 pp. $2.75.

Throughout this book the author stresses the emotional climate in which the child with delayed speech can best learn to talk, rather than technical methods of teaching him. The book considers development patterns of childhood in general and notes possible variations in a child who has not learned to talk at 3 to 5 years of age. It reviews research findings on language development, notes current assumptions about how a child learns, and sets up a framework for home and nursery-school efforts to help the child who is slow to talk.

PROBLEMS OF ADOLESCENTS. H. Edelston. Philosophical Library, New York. 1956. 174 pp. $4.75.

This book describes several meetings on sex education conducted by the author for a mixed group of young people 17 and older. The first step was a 45-minute lecture, reproduced in the book, planned as a general survey to stimulate questions, which would be answered at the next meeting. The questions were in writing and anonymous. Most of the book is devoted to the questions taken up at subsequent meetings, and the author's answers.

GUIDES AND REPORTS

RESEARCH EVALUATING A CHILD STUDY PROGRAM. Richard M. Brandt and Hugh V. Perkins. Child Development Publications of the Society for Research in Child Development, Purdue University, Lafayette, Ind. (Monographs of the Society, Vol. 21, Serial No. 62, No. 1, 1956.) 96 pp. $2.75.

Summarizes 10 years' research in evaluating a program in which individual children are studied by their own teachers and the results analyzed by groups of teachers in biweekly meetings.

A STUDY IN NEGRO ADOPTION. David Fanshel. Child Welfare League of America, 345 East 46th Street, New York 17, N. Y. Commentary by Alexander J. Allen. 1957. 108 pp. $2.50.

Examines the outcome of applications by 224 Negro and 183 white couples to Pittsburgh's Family and Children's Service for children for adoption. Compares the characteristics of couples who received children with those who withdrew their applications or were rejected by the agency—in terms of income, educational background, marital history, age, skin color (among Negroes) and ethnic background (among whites), and source of referral.

THE CHILD AND HIS FAMILY IN DISASTER; a study of the 1953 Vicksburg tornado. Stewart E. Perry, Earle Silber, and Donald A. Bloch. Committee on Disaster Studies, National Academy of Sciences—National Research Council. Pub. 394, Disaster Study No. 5. Washington, D. C. 1956. 62 pp. $1.50.

Reports on a study of the psychological effects on children and their families of a tornado that killed 5 and injured 20 children at a Saturday afternoon motion-picture performance. With the purpose of finding out what helps or hinders recovery from the psychological trauma of disaster, the study concludes with recommendations for parental and school attitudes and policies in a post-disaster period. The study was a joint project of the National Institute of Mental Health and the Committee on Disaster Studies, carried out with the help of the Mississippi State Department of Public Welfare.

MOBILIZING COMMUNITY RESOURCES FOR YOUTH; identification and treatment of maladjusted, delinquent, and gifted children. Paul H. Bowman, Robert F. DeHaan, John K. Kough, and Gordon P. Liddle. Youth Development Series, No. 3. Edited by Robert J. Havighurst. University of Chicago Press. Supplementary Educational Monographs, No. 85. 1956. 138 pp. $2.50.

Describes the third and fourth years' work of a 10-year project to discover symptoms of maladjustment and of special talent in elementary-school children and to give each group special help through counseling.

CHILD WELFARE SUPERVISION IN LOCAL PUBLIC WELFARE AGENCIES. 84 pp. THE INTAKE STUDY IN CHILD WELFARE, third edition. 20 pp. New York State Department of Social Welfare, 112 State Street, Albany, N. Y. 1956. Available without charge from the New York State Department of Social Welfare.

These two publications, financed by Federal child-welfare-services funds, offer guidelines for supervisors of local public child-welfare divisions and their staffs in giving better service to children and their parents. The first replaces an earlier publication, "Guide to Thinking on Supervision in a Rural Public Child Welfare Unit."

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE; a guide to boards, administration, and staffs of child-caring agencies. Compiled by Edith L. Lauer and Henrietta L. Gordon. Child Welfare League of America, 345 East 46th Street, New York 17, N. Y. 1955. 32 pp. 75 cents.

Last revised in 1946, this guide outlines the duties of child-caring agencies with regard to the health of children under their care.

READERS' EXCHANGE

REDL: ***No ivory tower***

Dr. Redl's call for "practice-geared research" in the field of delinquency should stimulate a greater tie-in between practitioners in various areas of delinquency control and researchers, but I believe he has overemphasized the ivory-tower nature of much criminologic research. ("Research Needs in the Delinquency Field," by Fritz Redl, CHILDREN, January–February 1957.)

In regard to his comments on *Assessment of Treatment Needs* I think he ignores fundamental research which demonstrates that it is possible, through predictive techniques, to improve decisions regarding the various types of correctional action to be taken in specific cases. These techniques can greatly improve clinical as well as judicial practices in assessing specific treatment needs, through the bringing to bear upon the individual case, of the precipitate of experience with hundreds of similar cases.

Under the heading *What is Right With Them?* Dr. Redl discusses the very important topic of yardsticks to measure "*progress, improvement* or partial or total *cure* in a therapeutic situation." In our followup studies Mrs. Glueck and I have emphasized recidivism as the test, although we fully recognize that there are other measures of progress or retrogression. It is true that psychiatry, particularly psychoanalysis, has been notoriously weak in evaluating its efforts. Dr. Redl's call for a more discriminating system of standards of evaluation is therefore justified. In the meantime, however, it must be emphasized that the development of improved standards for measuring progress is dependent largely on the thoroughness of the followup techniques employed.

In this connection, there is no escape from that *Escape Into the IBM Machine* which Dr. Redl deplores, for statistical prediction requires the counting and intercorrelation of factors. The individual case gives the experienced clinician certain insights; but whether these are generally meaningful depends upon the frequency with which traits and characteristics noted in the single case actually occur in the general run of cases, and to know this requires a statistical analysis of uniformities and dissimilarities. I do not mean to imply that the prediction table should replace the ripe judgment of the clinician, judge, or parole administrator in the individual case; the statistical table of experience is not intended to be the master but the servant of the practitioner.

Under the heading, *What Traits?* Dr. Redl refers to the very important need of determining the specific characteristics that "make for a good worker with disturbed children," and he calls for "organized research into the question of trait syndromes and their relationship to specific professional performances." Mrs. Glueck and I have long felt this a fundamental need. In a number of our researches we found that some probation or parole officers achieved a much higher proportion of success with their charges than was attained by others. Investigation indicated that the difference stemmed not so much from professional education as from certain qualities of personality—as though nature had endowed them with what might be called "a therapeutic personality." We have often called for an intensive research into the qualities of such persons in order that effective selective devices might be developed.

It is no detraction from the value of Dr. Redl's ideas to point out that it is far easier to make such suggestions than to design specific research projects to implement them.

Sheldon Glueck
Roscoe Pound Professor of Law, Harvard University

STUDT: ***What about content?***

Mrs. Studt's article whets the appetite of those of us who are pondering the problem of preparing social-work students to work in the field of corrections. ("An Experiment in Training Teachers for Corrections," by Elliot Studt, CHILDREN, January–February 1957.) The questions that await answer are those of the *content* of courses in corrections—not the courses concerned with programs, but those concerned with methods. What should be taught? What likenesses and differences between casework as now taught in schools of social work and the principles and processes of the correctional field were identified by the project the article describes?

I have long been a proponent of generic courses in casework, and by this, I mean courses in which the constant and characteristic elements of specific casework practices have been carefully identified, analyzed, and then synthesized—without which "generic" becomes a synonym for hodgepodge. However, I have an idea that for a time, at least, corrections will need to be an area of some specialization in practice and in teaching. It seems to me that there are many aspects of work in corrections that are as yet quite unclarified, and for a time we will need to identify it separately from other organized forms of helping in order to analyze it more precisely. For example, there is the question as to whether degree of authority does or does not make for some actual difference in kind; and again the question as to whether the qualities of personality now considered to be most desirable in a social caseworker are the same or different for a caseworker in corrections.

I know Mrs. Studt's article did not pretend to deal with the problems of teaching content. I write this chiefly to express the hope that it will not be long before she will write again and more extensively on this urgent and, as yet, opaque subject.

Helen Harris Perlman
Professor of Social Work, University of Chicago

BOOLE: ***The parent's rights***

Miss Boole's article, "The Hospital and Unmarried Mothers," (CHILDREN, November-December 1956) illustrates an approach to unmarried mothers which is essential to good maternity care and to cooperative and coordinated services in and out of a hospital setting.

The individual and legal rights of the natural parent, married or unmarried, who gives a child for adoption calls for further emphasis. There are still extremes in practice and attitude among

professional persons in regard to the desirability of allowing or requiring a mother giving up her child for adoption to see and care for her baby while in the hospital. What the mother does in this respect should in most instances be her own decision. To force either approach stems from a subjective and judgmental attitude on the part of hospital and professional personnel and a disregard of the mother as an individual with legal rights. Unless the mother is unduly disturbed, she is the best judge of what she wants to do and can be helped to express this by an objective, noninvolved professional person, such as a social worker.

It is up to the medical social worker to see that the unmarried mother's rights are respected by all hospital personnel. She also has a responsibility for being informed about the legal aspects of child placement as these affect administrative procedures for discharging a child from the hospital to someone other than his own parents. This information should be passed on to the natural parent, the hospital personnel, and persons outside the hospital to insure protection for everyone involved and reduce last-minute confusion at time of discharge.

The approach to the unmarried mother described by Miss Boole should apply both to private and clinic patients. A lack of financial pressure does not obliterate the mother's other needs for help.

Mary Jean Clark
Senior Social Worker, Chicago Lying-in Hospital, University of Chicago Clinics

NIXON: ***Preventive programs***

Many child-guidance clinics now recognize that good clinical service programs should be accompanied by efforts in training of personnel, in development of clinical research, and in prevention of emotional disturbance. In his excellent description of the broad program at the Child Study Center of the Institute of the Pennsylvania Hospital, ("A Child-Guidance Clinic Explores Ways to Prevention," CHILDREN, January-February 1957), Dr. Nixon stressed the center's use of "open house case presentations" which apparently are attended by many community leaders. While he pointed out that careful planning goes into each case presentation he did not make it clear whether this included selection of case material in an orderly, systematic manner (e. g., through developmental phases) which is a discernible trend in many preventive mental-health programs in this country.

I am inclined to be skeptical of any extensive true learning about the unconscious components of personality taking place in such large sessions, and therefore wonder if the Philadelphia group has made any informal or formal inquiries into the value of these programs beyond the increased understanding of the clinic's function and limitations. Finally, I wonder how much detail of child-therapy techniques is presented to these large audiences. Perhaps some followup studies similar to those done by Balzer in New York will be attempted in Philadelphia.

I am very enthusiastic about the center's nursery-school program and about the special child-health conferences described by Dr. Nixon. In my opinion, child-guidance clinics, particularly those in teaching institutions, should stress such programs much more in the training of mental-health personnel, medical students, pediatricians, nurses, teachers, and others. Although these teaching activities are time-consuming they clearly give the personnel of the child-guidance clinic a good opportunity to learn more about behavior and about the contributions of other professional colleagues to mental health.

Dr. Nixon's article reminds us that child-guidance clinics should be concerned with the development of a variety of programs that reach out to persons who work directly with children in various settings. It should focus our attention on the need to develop specific programs, with theories, goals, and evaluative procedures.

R. L. Stubblefield, M. D.
Director, Psychiatric Clinic, University of Colorado Medical Center

An additional challenge

Dr. Nixon's description of the experiments in mental-health education undertaken at the Child Study Center of the Institute of the Pennsylvania Hospital brings to the fore again the question of the content and methods of programs for spreading mental-health principles.

The article describes one kind of educational approach involving case presentations and conferences to provide participants with basic information about the personality growth of children and the bearing on this of family relationships. This approach, as Dr. Nixon pointed out, also challenges the members of the child-guidance team to be able to communicate their knowledge and to identify those basic psychiatric principles which are pertinent to maintenance of mental health.

There is an additional challenge. It is to find ways which will facilitate the translation of such information into specific usefulness on the job. An accumulating body of experience points to the effectiveness of mental-health education carried out in the setting in which it is to be used. This approach is described in the report of the broadly conceived program in St. Louis ("Preventive Mental-Health Services in a Public-Health Setting," by Herbert R. Domke and A. D. Buchmueller, CHILDREN, November - December 1956.) It makes it possible for the members of a psychiatric team not only to impart information, but in turn to learn of the specific problems which other professionals encounter in carrying out their regular jobs.

I am reminded of the experiences of the staff in a well-baby clinic which had a consulting psychiatrist. As members of the staff integrated mental-health concepts into their other equipment for carrying out their ongoing services to parents and children, they found time somehow to discharge the responsibilities their newly broadened perspectives demanded of them. They also began to become concerned about the dearth of contacts with children between the ages of 2 and 6, as they began to see the urgency for following a child through those years. Some administrative alterations became necessary, but they were part of a fanning-out process resulting from mutual acquaintance with problems as education *in situ* proceeded.

Exie E. Welsch, M. D.
Columbia University Medical Center, New York

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SOME U. S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

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EDUCATION FOR NATIONAL SURVIVAL; a handbook on civil defense for schools. Department of Health, Education, and Welfare, Office of Education. 1956. 88 pp. 65 cents.

This handbook contains suggestions to assist school administrators and teachers in planning protective measures for school civil defense. It includes checklists for the administrator, for teachers, and for other school personnel; lists of films and publications; a step-by-step outline for drafting a school civil-defense plan; and a form for reporting on an exercise in school evacuation. The publication was prepared by the Office of Education under a delegation of authority and responsibility by the Federal Civil Defense Administration.

AN IDEA IN ACTION; new teachers for the Nation's children. Department of Labor, Women's Bureau. Pamphlet Two. 1956. 37 pp. 20 cents.

This report describes early results of an effort to combat the teacher shortage by preparing selected mature college graduates for teaching in elementary and secondary schools. More than a hundred colleges and universities offering programs for such preparation are listed, with a statement of minimum qualifications for entrance and a brief description of the program.

FEDERAL FUNDS FOR EDUCATION, 1954–55 and 1955–56. Clayton D. Hutchins, Albert R. Munse, and Edna D. Booher. Department of Health, Education, and Welfare, Office of Education. Bulletin 1956 No. 5. 163 pp. 60 cents.

Ninety-nine education programs in which the Federal Government participates are described in this bulletin, the thirteenth in a series issued biennially since the school year 1933–34 by the Office of Education. The Federal assistance reported is in the form of commodities, funds, or services for activities in public or private educational institutions or agencies. Excluded are programs of in-service training for Federal employees whole on duty if the training is provided elsewhere than in educational institutions and is open only to Federal employees.

TRAINING UNDER THE MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S PROGRAMS, 1954. Children's Bureau Statistical Series No. 34. 1956. 20 pp. Single copies available from the Children's Bureau without charge.

This publication is the Children's Bureau's first statistical report on training provided under the State-Federal maternal and child health and crippled children's programs. Covering the fiscal year ended June 30, 1954, it includes detailed figures on the number of professional personnel who received some training and the Federal, State, and local expenditures involved, under the regular grant-in-aid programs; and some information on the special training projects of regional or national significance which are financed through grants from a reserve Federal fund.

THE CHILD WHO IS MENTALLY RETARDED. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. 1956. CB Folder 43. 23 pp. 10 cents.

Some general guidelines for parents of mentally retarded children are suggested in this small pamphlet along with sources of further help.

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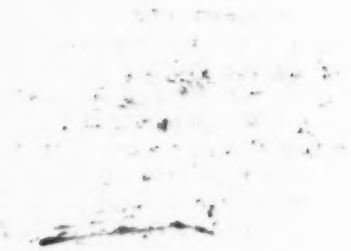

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